om 990

Department of the Treasury Internal Revenue Service

# **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

2023

Open to Public

Open to Public Inspection

A F	or th	e 202	3 calendar year, or tax year begir	nning		and e	nding	_			
_			C Name of organization					D Employer ide	entification r	umber	
Вс	heck if ap	oplicable:	RAVE FOUNDATION								
Х	Addre		Doing Business As					46-	-393207	5	
	7 7	change	Number and street (or P.O. box if mail is	not delivered to street addre	ess)	Room/su	iite	E Telephone n	umber		
	Initial	return	1901 OAKESDALE AVE SV	Ň			210	(20	06)512-	1268	
	Termi		City or town, state or province, country, a		de			,	, , , , , , ,		
	Amen	ided	RENTON, WA 98057					<b>G</b> Gross receip	ts \$ 2.	120,4	24.
	return Applio	cation	F Name and address of principal officer:	MAYA MENDOZA	A-EXSTRO	M		H(a) Is this a grou	up return for	Yes	X No
	pendi	ng	SAME AS "C" ABOVE		1 11101110			subordinates <b>H(b)</b> Are all subord	<b>I</b>	Yes	No
_	Тах-ех	empt st	·	) ◀ (insert no.)	4947(a)(1)	or	527		th a list. (see ins		
÷			WWW.RAVEFOUNDATION.ORG	) (mserrio.)	4347 (a)(1)	OI	321	H(c) Group exemp	,		
K				Association Other		LV	ear of forma	tion: 2013 <b>M</b>			WA
	art I		mmary	Association   Other		- 1	cai oi ioiilia	1011. 2013 141	State of Tegal	dominione.	WA
			y describe the organization's mission o	r moot oignificant activiti	oo: CEE (	CCITEDI	II F O				
•	١.	brieny	describe the organization's mission o	r most significant activition	es: _ SEE_ S	SCHEDO	, T.F O				
2											
rua											
Governance			k this box  if the organization d	•	•				1 1		1.0
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		18
es			per of independent voting members of t						4		<u> 18</u>
Activities &			number of individuals employed in cale						5		5
둉	6	Total	number of volunteers (estimate if necess	sary)					6		150
٩			unrelated business revenue from Part V						7a	3	3,075.
	b	Net u	nrelated business taxable income from	Form 990-T, line 34			<del></del>		7b		NONE
Revenue								Prior Year	C	urrent Ye	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)		COR	Y FOR	¬∟	1,454,20	10.	1,945	,308.
			am service revenue (Part VIII, line 2g)		BUBLICI	_	_N	NO	ONE		NONE
ě	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC	NSPECTI		NO	ONE		NONE
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e	e)			-193,83	6.	-94	,824.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column	(A), line 12) .			1,260,36	54.	1,850	,484.
	13	Grant	s and similar amounts paid (Part IX, colu	umn (A), lines 1-3)				22,20	00.	45	613.
		Benefits paid to or for members (Part IX, column (A), line 4)						NO	ONE		NONE
ç			es, other compensation, employee bene					273,42	25.	406	,539.
Expenses			ssional fundraising fees (Part IX, column					NO	ONE		NONE
e b			fundraising expenses (Part IX, column (I								
ω			expenses (Part IX, column (A), lines 11					1,235,28	30.	876	,802.
			expenses. Add lines 13-17 (must equal					1,530,90		1,328	
			nue less expenses. Subtract line 18 from					-270,54	_		,530.
or			Table 1000 0. politicos. Gazinaci inico 10 men					nning of Current Y		End of Yea	
ets	20	Total	assets (Part X, line 16)					303,53		825	,064.
Ass Bal	21		liabilities (Part X, line 26)						ONE		NONE
Net Assets or Fund Balances	22	Not or	ssets or fund balances. Subtract line 21	from line 20			• •	303,53		925	,064.
	rt II		gnature Block	Hom line 20				303,35	7 - 1	023	,001.
			of perjury, I declare that I have examined th	is return including accom	nanving sched	lules and s	tatements :	and to the hest of	my knowler	dne and h	elief it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all info	ormation of wh	ich prepar	er has any k	nowledge.			
								11/-	14/2024		
Sig	ın		Signature of officer					<u></u>	14/2024		
He					CHCDH	TA D37					
			MAYA MENDOZA-EXSTROM  Type or print name and title		SECRE	TARY					
_			Type or print name and title  (Type preparer's name	Preparer's signature		Date			; PTIN		
Paid	t						/1 4 / 6 6 =	Check	"	00/	
	parer		THEW FRERKER	MATTHEW FRER	KER	11,	/14/202	· .	1 0 1 0	77675	
	Only		s name BDO USA					Firm's EIN	13-53		
			s address > 601 UNION STREET					Phone no.		82-77	
			cuss this return with the preparer show		ns)					Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					ŗ	Form <b>99</b> (	<b>J</b> (2023)

Form **990** (2023)

RAVE FOUNDATION

Form 990 (2023) Page **2** 

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 listed on the
	prior Form 990 or 990-EZ? Yes X No  If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 680,119. including grants of \$ NONE ) (Revenue \$ NONE )
	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 \$43,265 including grants of \$NONE_) (Revenue \$NONE_)
	ONE BALL PROGRAM HAS THE GOAL OF PROVIDING 100,000 SOCCER BALLS TO KIDS IN NEED.
4c	(Code:) (Expenses \$s6,011 including grants of \$NONE_) (Revenue \$NONE_)
	HOW CAN SOCCER HELP PROVIDING SUPPORT IN COMMUNITIES TO SUPPORT WHOLE, HEALTHY CHILDREN.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expenses \$ 97,578. including grants of \$ 45,613. ) (Revenue \$ NONE )  Total program service expenses 906.973.

**4e** Total program service expenses 906

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Part IV Page 3

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	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			
	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		X
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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			- 1
124	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	u		- 22
~	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
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	
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
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	

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Form 9	90 (2023)		F	Page <b>4</b>
Part	V 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			3.7
22	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	23	- 1	
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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		X
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		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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	2.4		37
٥.	or IV, and Part V, line 1	34		X
		35a		X
D	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	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	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	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			21
33	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Part			21	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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RAVE FOUNDATION 46-3932075

Form 990 (2023) Page 5 Nο Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 5 Statements, filed for the calendar year ending with or within the year covered by this return 2b Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . . Χ c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Χ 7e Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f Х 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?............ 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 Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. 16 X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			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 e	ect o	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		40-	3.7	
	describe on Schedule O how this was done			12c 13	X	
13	Did the organization have a written whistleblower policy?			14	X	X
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation		=			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			465		
Socti	organization's exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires on proprietion to make its Forms 1022 (1024 or 1024 A. if applicable)	000	and 000 T	1000	ion F	01/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		(sec	ion 5	01(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict o	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's PAULETTE HARRIS 1901 OAKESDALE AVE, SW STE 210 RENTON, WA 98057	oooks	and record	s.		

206-512-1268

Form **990** (2023)

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more box, unless persore officer and a direct series of the control o				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ASHLEY FOSBERG	40.00									
EXECUTIVE DIRECTOR	NONE			Х				170,000.	NONE	15,000.
(2) FRED MENDOZA	2.00							27070001	1101112	1370001
CHAIR	NONE	X		x				NONE	NONE	NONE
(3) CHRIS BAIRD	2.00							110112	1,01,2	
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(4) MAYA MENDOZA EXSTROM	2.00							-	-	-
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(5) DAVID CHEN	2.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) TODD COWLES	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(7) JUSTIN GIGER	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(8) SHIVAAS GULATI	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(9) ADRIAN HANAUER	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(10) ROGER LEVESQUE	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(11) KATHERINE MEYERS	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(12) ALYSSA MOIR	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(13) JENNIFER MOLINA	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(14) LAMAR NEAGLE	1.00									
MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligi	hest Compensat	ed Employ	rees (c	continued)
(A) Name and title	(B) Average			(0	C)			(D) Reportable	(E) Reporta		(F) Estimated
realite and title	hours per week (list any	,		reck	more	than o		compensation	compensation	on from	amount of other
	hours for	office	er and	lad	lirect	or/trust	ee)	from the	related organizat	ions	compensation
	related organizations	ndivio	nstitu	Officer	Key employee	lighe Implo	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization
	below dotted line)	dividual t	ıtiona	Ť	mplo	st co yee	¥.	(11 2, 1000 111100)			and related organizations
	inicy	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					organizationo
15) ERIC OCHIENG	1.00	v						NONE		NIONIE	NONE
MEMBER 16) JAMES RILEY	1.00	X						NONE		NONE	NONE
MEMBER	NONE	х						NONE		NONE	NONE
17) ZACH SCOTT	1.00										
MEMBER	NONE	X						NONE		NONE	NONE
18) PETER TOMOZAWA	1.00										
MEMBER	NONE	X						NONE		NONE	NONE
19) JOSE VASQUEZ MEMBER	1.00 NONE	X						NONE		NONE	NONE
PHIPPIDITE	HONE	- 1						IVOIVE		NONE	IVOIVE
		-									
1b Sub-total							<b></b>	170,000.		NONE	15,000.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	NONE		NONE	NONE
d Total (add lines 1b and 1c)							re	170,000.	\$100 000 <i>c</i>	NONE	15,000.
reportable compensation from the organization		11030	113101	u ui	DOVE	1	, 10	cerved more than	φ100,000 (	<b>71</b>	
											Yes No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ıal	• •						3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	50,00	00?	. If	"Yes	,"				
individual											4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You											5 X
Section B. Independent Contractors											,
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	•										
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensation
							-	,			•

(A) Name and business address	(B) Description of services	(C) Compensation

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

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# Part VIII Statement of Revenue

1	Pal	rt VIII	Check if Schedule O contains a respon	se or note to an	v line in this Part V	/III		
Dusiness Code					(A)	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
Dusiness Code	ts,	1a	Federated campaigns 1a					
Dusiness Code	Z a	b	Membership dues 1b					
Dusiness Code	وَق	С	Fundraising events 1c	357,710.				
Dusiness Code	fts.	d	Related organizations 1d					
Dusiness Code	פֿיַּ	е	Government grants (contributions) 1e					
Dusiness Code	Sir	f	All other contributions, gifts, grants,					
Dusiness Code	e Ei		and similar amounts not included above . 1f	1,587,598.				
Dusiness Code	들본	g	Noncash contributions included in					
Dusiness Code	E E		lines 1a-1f 1g	65,500.				
20   20   20   20   20   20   20   20	g g	h	Total. Add lines 1a-1f		1,945,308.			
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass				Business Code				
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass	8	2a						
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass	ēĞ							
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass	Sun							
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass	ar eve							
Total Add lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2?   Total pass and lines 1a-2.   Total pass and lines 2a-2?   Total pass and lines 2a-2.   Total pass	og R	e						
	Ţ	f	All other program service revenue					
Other similar amounts   Nome		g			NONE			
10   10   10   10   10   10   10   10		3	Investment income (including dividends,	interest, and				
Second   S			other similar amounts)		NONE			
Section   Control   Cont		4	Income from investment of tax-exempt bond	proceeds	NONE			
Second   S		5	Royalties		NONE			
December   December			(i) Real	(ii) Personal				
C   Rental income or (loss)   C   NONE   NONE   NONE		6a	Gross rents 6a					
A Net rental income or (loss)		b	Less: rental expenses 6b					
Ta Gross amount from sales of assets other than inventory be Less: cost or other basis and sales expenses		С	Rental income or (loss) 6c NONE	NONE				
sales of assets other than inventory b Less: cost or other basis and sales expenses		d	Net rental income or (loss)		NONE			
other than inventory b Less: cost or other basis and sales expenses		7a	Gross amount from (i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses			sales of assets					
## and sales expenses .			other than inventory 7a					
None	<u>e</u>	b	Less: cost or other basis					
None	enı		and sales expenses 7b					
events (not including \$	é	С	Gain or (loss) 7c					
events (not including \$	<u>.</u>	d	Net gain or (loss)		NONE			
events (not including \$	the	8a	Gross income from fundraising					
1c). See Part IV, line 18	0		events (not including \$357,710.					
1c). See Part IV, line 18			,					
C			1c). See Part IV, line 18 8a	NONE				
C Net income or (loss) from fundraising events		b	Less: direct expenses 8b	97,899.				
Second Part IV, line 19		С			-97,899.			-97,899.
b Less: direct expenses		9a	Gross income from gaming					
C Net income or (loss) from gaming activities			activities. See Part IV, line 19 9a	175,116.				
10a Gross sales of inventory, less returns and allowances		b	Less: direct expenses 9b	172,041.				
Total revenue. See instructions   10a   NONE   NO		С	•		3,075.		3,075.	
b Less: cost of goods sold		10a	Gross sales of inventory, less					
Net income or (loss) from sales of inventory.   None			returns and allowances 10a	NONE				
C   Net income or (loss) from sales of inventory.   NONE     Business Code		b						
11a		С			NONE			
e         Total. Add lines 11a-11d         NONE         NONE         3,075.         -97,899           12         Total revenue. See instructions         1,850,484.         3,075.         -97,899	ns.			Business Code				
e         Total. Add lines 11a-11d         NONE         NONE         3,075.         -97,899           12         Total revenue. See instructions         1,850,484.         3,075.         -97,899	eor Ne	11a						
e         Total. Add lines 11a-11d         NONE         NONE         3,075.         -97,899           12         Total revenue. See instructions         1,850,484.         3,075.         -97,899	lan en	b						
e         Total. Add lines 11a-11d         NONE         NONE         3,075.         -97,899           12         Total revenue. See instructions         1,850,484.         3,075.         -97,899	Se. Se.	С						
e         Total. Add lines 11a-11d         NONE         NONE         3,075.         -97,899           12         Total revenue. See instructions         1,850,484.         3,075.         -97,899	Ais F	d	All other revenue					
		е	Total. Add lines 11a-11d		NONE			
	JSA	12	Total revenue. See instructions		1,850,484.		3,075.	-97,899.

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		САРОПОСО	gorioral experience	охроноос
·	and domestic governments. See Part IV, line 21	45,613.	45,613.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	185,000.	103,600.	35,150.	46,250
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	156,764.	87,788.	29,785.	39,191
8	Pension plan accruals and contributions (include	9,741.	5,455.	1,851.	2,435
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,128.	15,192.	5,154.	6,782
10	Payroll taxes	27,906.	15,627.	5,302.	6,977
11	Fees for services (nonemployees):				
а	ı Management	NONE			
b	Legal	1,000.		1,000.	
c	Accounting	NONE			
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	57,747.		57,747.	
12	Advertising and promotion	66,299.		66,299.	
	Office expenses	86,301.		86,301.	
14	Information technology	8,260.		8,260.	
	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	9,313.		9,313.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE		11 760	
	Insurance	11,769.		11,769.	
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.)				
	FIELDS	532,139.	532,139.	MONTE	NONI
				NONE	
	OTHER PROGRAMS TAXES & LICENSES	101,559.	101,559. NONE	NONE 2,415.	NON!
		2,413.	NOINE	2,410.	NON
d					
	All other expenses    Total functional expenses. Add lines 1 through 24e	1,328,954.	906,973.	320,346.	101,635.
	Joint costs. Complete this line only if the	1,340,334.	900,913.	320,340.	101,033.
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
_					

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	303,534.	1	825,064.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE
	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	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ÿ	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	NONE	10c	
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	303,534.	16	825,064.
	17	Accounts payable and accrued expenses	NONE		NONE
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	IVOIVE		IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	NONE		NONE
_	20		NONE	26	NONE
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	202 524	27	825,064.
Bal	28	Net assets with donor restrictions.	303,534. NONE		NONE
Б	20		NONE	20	NONE
Ē		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ت ک	32	Total net assets or fund balances	202 E24	32	00E 064
Ne	33	Total liabilities and net assets/fund balances	303,534.		825,064.
_	JJ	Total liabilities and fiet assets/fully balafices, , , , , , , , , , , , , , , , , , ,	303,534.	33	825,064. Form <b>990</b> (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	50,	<u>484</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	28,	<u>954</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5	21,	<u>530</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	03,	<u>534</u>
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		8	25,	064
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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ĸplain	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 cor	npiled	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	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	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	1	- * *			
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2023)

#### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

46-3932075

Department of the Treasury Internal Revenue Service

Name of the organization

RAVE FOUNDATION

Employer identification number

Par	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)		_		
8		A community trust describe		·	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:		,	,			ŭ
10	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized a	•	•				• • •
		one or more publicly support	•			•		
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		$_{\_}$ supporting organization. $oldsymbol{`}$	•					
b			•				· · ·	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oldsymbol{ol}}}}}}}}}} $	<b>grated.</b> A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)							
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е		$oldsymbol{ol}}}}}}}}}}}}}}}}}$						I, Type III
		functionally integrated, or					ion.	
f	f Enter the number of supported organizations							
g		ovide the following information			I			I
	(i) N	ame of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					162	No		
A)								
B)								
C)								
D)								
E)								
Γota	ı							

RAVE FOUNDATION 46-3932075

Schedule A (Form 990) 2023 Page **2** 

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	•		·	•	·	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	455,650.	1,615,412.	1,112,927.	1,454,200.	1,945,308.	6,583,497.
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	455,650.	1,615,412.	1,112,927.	1,454,200.	1,945,308.	6,583,497.
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						1.675.650
6	shown on line 11, column (f)						1,675,658. 4,907,839.
_	tion B. Total Support						4,307,833.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	455,650.	1,615,412.	1,112,927.	1,454,200.	1,945,308.	6,583,497.
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	NONE	NONE	NONE	3,075.	3,075.
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						6,586,572.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2023 (lin		•		ſ	14	74.51 %
15	Public support percentage from 2022	·	•		•	15	70.77 <b>%</b>
тоа	a 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	331/3% support test - 2022. If the organization qu	•		•			
D					•		
17a	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	-
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-	=				
	in Part VI how the organization meets						
	organization			_		-	
18	Private foundation. If the organizatio						
	instructions						<u> L</u>

Schedule A (Form 990) 2023 Page **3** 

## 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)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(-) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	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						
11	Net income from unrelated business						
	activities not included on 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	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2023 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2022. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$ , check	this box and st	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation If the organization of	did not check :	a how on line	1/1 10a or 10h	check this ho	v and see instru	ictions

JSA 3E1221 1.000

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RAVE FOUNDATION 46-3932075 Schedule A (Form 990) 2023

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			res	NC
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			

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.

described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

disqualified persons, as defined in section 4946 (other than foundation managers and organizations

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2023

9a

9b

9c

10a

46-3932075 RAVE FOUNDATION Schedule A (Form 990) 2023 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's

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.

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.

Schedule A (Form 990) 2023

2b

3a

RAVE FOUNDATION 46-3932075

Schedule A (Form 990) 2023 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ection 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		
	ection 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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8		8		
_	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 Page 7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets 4				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5				
6	Other distributions (describe in Part VI). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in <b>Part VI</b> ). See instructions.				
9	9 Distributable amount for 2023 from Section C, line 6 9				
10	Line 8 amount divided by line 9 amount			10	
			<b></b>		(III)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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#### Schedule B (Form 990)

**Schedule of Contributors** 

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		<u> </u>			
Name of the organization		Employe	r identification number			
RAVE FOUNDATION		46-3	932075			
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pr	rivate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation				
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation				
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in contributions.		_			
Special Rules						
regulations under 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (February form any one contributor, during the year, total contributions of runt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com	form 990), Part II, lithe greater of (1)	ne 13, 16a, or \$5,000; or			
contributor, during literary, or educati	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 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., contribution totaling \$5,000 or more during the year						
_	at isn't covered by the General Rule and/or the Special Rules doesn't	•	·			

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization		Employer identification number
	RAVE FOUNDATION	46-3932075

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$.	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
3_	N/A	\$\$	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
4	N/A	\$\$	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
5_	N/A	\$\\$\	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
6_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization Employer identification number

RAVE FOUNDATION 46-3932075

Part I	Contributors (see instructions). Use duplicate copie	es 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	\$65,000.	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
8_	N/A	\$\$	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
9	N/A	\$\$	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
10	N/A	\$\$	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.)

Name of organization Employer identification number

RAVE FOUNDATION 46-3932075

Part II	Noncash Property (see instructions).	Use duplicate copies of Part II if additional space is needed.
---------	--------------------------------------	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MERCHANDISE, MATCH TICKETS, PARKING	_	
		\$ \$65,500	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
		Ψ	
(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
		_	
			ahadula B (Farm 000) (2022

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE G** (Form 990)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Ν

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

OMB No. 1545-0047

	e of the organization					Employer identification	on number
RAV	E FOUNDATION					46-393207	
Par					Yes" on Form 99	90, Part IV, line 1	7.
1	Form 990-EZ filers are not re Indicate whether the organization ra				activities Chack	all that apply	
ı a		e e		_	non-government g		
b		f			government grant		
c	Phone solicitations	g			ising events		
c	In-person solicitations						
	<ul> <li>Did the organization have a written or key employees listed in Form 990</li> <li>If "Yes," list the 10 highest paid ind</li> </ul>	), Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	compensated at least \$5,000 by the	organization.					
	(i) Name and address of individual or entity (fundraiser)	(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							
5							
6							
7							
8							
9							
10							
Tota 3	List all states in which the organiza	ation is registered	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

(c) Other events

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.

**(b)** Event #2

(a) Event #1

			(a) Event #1  CHAMPIONS GALA  (event type)	(b) Event #2  MATCHDAY AUCT.  (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	260,531.	68,852.	28,327.	357,710.			
Re	2	Less: Contributions Gross income (line 1 minus line 2)		68,852.	28,327.	357,710.			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs	50,630.			50,630.			
Direct Expenses	7	Food and beverages	20,000.			20,000.			
Direct	8	Entertainment							
	9	Other direct expenses	22,558.	2,481.	2,230.	27,269.			
	10 11	Direct expense summary. Add lin Net income summary. Subtract l	nes 4 through 9 in colu	umn (d) lumn (d)		97,899. -97,899.			
Pa	rt III	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue			175,116.	175,116.			
ses	2	Cash prizes			73,420.	73,420.			
Direct Expenses	3	Noncash prizes							
irect E	4	Rent/facility costs							
<u> </u>	5	Other direct expenses	Yes %	Voc. 9/	98,621. X <b>Yes</b> 10.0000 %	98,621.			
	6	Volunteer labor	No No	No No	No				
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	umn (d)		172,041.			
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		3,075			
9 a b	ı l	Enter the state(s) in which the orgsthe the organization licensed to conf "No," explain:	duct gaming activities	in each of these state	es?	X Yes No			
_	<ul> <li>Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</li></ul>								

Schedule G (Form 990) 2023

Sched	dule G (Form 990 or 990-EZ) 2023 RAVE FOUNDATION	46-39320	)75 I	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			¬
	formed to administer charitable gaming?	└─'`	Yes X	No
13	Indicate the percentage of gaming activity conducted in:			0.4
a	· · · · · · · · · · · · · · · · · · ·		000	<u>%</u>
b	An outside facility	<b>b</b> 100.00	000	%
14	records:	iu		
	Name ►NATHALIE OJEDA			
	Address ▶ 1901 OAKESDALE AVE SW STE 210 RENTON, WA 98057			
15 a	Does the organization have a contract with a third party from whom the organization receives gan		_	٦
	revenue?	□'	Yes X	_ No
b		tne		
_	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:			
·	ii Tes, enter name and address of the third party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name NATUALIE OJEDA			
	Name ► NATHALIE OJEDA			
	Gaming manager compensation ► \$3,650.			
	Description of services provided ► SEE PART_IV			
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
a		eds to		
-	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize			
	or spent in the organization's own exempt activities during the tax year ▶ \$ 3,075.			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	information	n	
	(see instructions).			
SCH	HEDULE G, PART IV, LINE 16			
CIID	PERVISE RAFFLE ACTIVITIES ON MATCHDAY, COORDINATE VOLUNTEERS, RAFFLE			
	CORDKEEPING.			
	·			

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**23** 

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
RAVE FOUNDATION						46-3932075	)
Part I General Information on Grants a	and Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the grazing and the process of the selection criteria used to award the grazing and the process of the selection of th</li></ol>	ants or assistance cedures for more <b>Domestic Or</b>	ee? nitoring the use <b>ganizations a</b>	of grant funds in the	e United States.	nplete if the organiz	ation answered "\	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CULTURES UNITED FC							
7916 14TH AVENUE SW, SEATTLE, WA 98106	87-1560594	501(C)(3)	9,905.				PROGRAM SUPPORT
(2) EARTHGEN							
4649 SUNNYSIDE AVENUE N, SEATTLE, WA 98103	27-5411173	501(C)(3)	7,960.				PROGRAM SUPPORT
(3) PROVIDENCE HEALTH & SERVICES							
P.O. BOX 35146, SEATTLE, WA 98124	51-0216586	501(C)(3)	5,645.				PROGRAM SUPPORT
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	•	•					3_ NONE

Schedule I (Form 990) (2023) RAVE FOUNDATION 46-3932075 Page **2** 

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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 J (Form 990)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

RAVE FOUNDATION

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

Employer identification number

46-3932075

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			ĺ
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			ĺ
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 RAVE FOUNDATION 46-3932075 Page **2** 

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	ilive   (iii) Otilei		other deferred benefits compensation		in column (B) reported as deferred on prior Form 990	
ASHLEY FOSBERG	(i)	170,000.	NONE	NONE	NONE	15,000.	185,000.	NONE	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

RAVE FOUNDATION

46-3932075 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods . . . . . . . . . . . . . . . . . 6 Cars and other vehicles 7 Boats and planes Intellectual property Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 142 26,000. FMV Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 1,345 Other ( SOUNDER TICKETS ) Χ 37,685. FMV 25 26 Other ( SOUNDER PARKING ) Χ 60 1,815. FMV Other (\_\_ 27 Other ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 NONE which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

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

Schedule M (Form 990) 2023

32a

Χ

describe in Part II.

contributions? **b** If "Yes," describe in Part II.

# **SCHEDULE 0** (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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

RAVE FOUNDATION

46-3932075

#### FORM 990, PART I, LINE 1:

RAVE FOUNDATION CONTINUED TO BUILD SMALL SOCCER FIELDS FOR FREE PLAY INCLUDING SITE PLANNING AND FUND DEVELOPMENT, RESEARCHED FUTURE FIELD LOCATIONS AND CONTINUED PROGRAMS 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 WHERE THE ANNUAL BUDGET IS APPROVED.

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

OUR ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON OUR WEBSITE. BYLAWS AND

## 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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

RAVE FOUNDATION 46-3932075

OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

40

GOALS FOR ART, ADOPT-A-SCHOOL, SCIENCE

OF SOCCER AND THE SPORTS MEDIA INSTITUTE

NONE

NONE

Name of the organization	Employer ident	Employer identification number							
RAVE FOUNDATION	46-3932	46-3932075							
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES									
DESCRIPTION	GRANTS	EXPENSES	REVENUE						

TOTALS

45,613. 97,578.

45,613. 97,578.

Form <b>9</b>	an₋T	Ex	cempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
Form 3	70- I		(and proxy tax under section 6033(e))		9 <b>099</b>
		For cale	ndar year 2023 or other tax year beginning, 2023, and ending, 20	·—	2023
Department of	of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	v(2)	Open to Public Inspection for 501(c)(3) Organizations Only
	neck box if	D0	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)  Name of organization ( Check box if name changed and see instructions.)		loyer identification number
ad	dress changed.		RAVE FOUNDATION	-	3932075
<b>B</b> Exempt u	nder section	Print		E Grou	up exemption number
X 501(	C)(3)	or	1901 OAKESDALE AVE, SW STE 210	(see	instructions)
408(6		Туре	City or town, state or province, country, and ZIP or foreign postal code		
408	′ <del>    `</del> ` `		RENTON, WA 98057	F	Check box if
529(8	a) 529A	C Bool	k value of all assets at end of year		☐ an amended return.
G Check	organization t		501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
			6417(d)(1)(A) Applicable entity		
	if filing only to				nent amount from Form 380
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
<b>K</b> During	the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
-			identifying number of the parent corporation		
			JLETTE HARRIS Telephone number 206-		
			Business Taxable Income 1901 OAKESDALE AVE, SW STE 210,		ON, WA 98057
			ness taxable income computed from all unrelated trades or businesses (se		
	•				
				_	
			see instructions for limitation rules)		
			axable income before net operating losses. Subtract line 4 from line 3		
			ness taxable income before specific deduction and section 199A deduction		
			iess taxable income before specific deduction and section 1994 deduction		NONE
			ally \$1,000, but see instructions for exceptions)		
			uction. See instructions		
			es 8 and 9 · · · · · · · · · · · · · · · · · ·		
			<b>ble income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7		
	r zero			. 11	NONE
	Tax Comp			<b>I</b>	
			corporations. Multiply Part I, line 11, by 21% (0.21)	. 1	NONE
2 Trus	sts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount o	n 📉	
Part	I, line 11, fror	n:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3 Pro	y tax. See in:	structions	8	. 3	
4 Oth	er tax amount	s. See in:	structions	. 4	
	-		lity income. See instructions		
			6 to line 1 or 2, whichever applies	. 7	NONE
Part III	Tax an				
	-		ations attach Form 1118; trusts attach Form 1116)		
			ons)		
			Attach Form 3800 (see instructions)		
			num tax (attach Form 8801 or 8827)		10
			through 1d		1e NONE
			II, line 7		_ INUNE
			311		
			997		
			366		
			structions)		
			nes 3a through 3e		3f
			3f (see instructions). Check if includes tax previously deferred under		
			amount here		4 NONE

Par	t III	Tax and Payments (continued)						
6a	Paymer	ts: Preceding year's overpayment credited to th	e current year	6a				
b	Current	year's estimated tax payments. Check if section	643(g) election					
	applies			6b				
С		osited with Form 8868		6c				
d	Foreign	organizations: Tax paid or withheld at source (se	ee instructions)	6d				
е	Backup	withholding (see instructions)		6e				
f	Credit f	or small employer health insurance premiums (a	ttach Form 8941)	6f				
g	Elective	payment election amount from Form 3800		6g				
h	Paymer	t from Form 2439		6h				
i	Credit f	om Form 4136		6i				
j	Other (	see instructions)		6j				
7	Total pa	ayments. Add lines 6a through 6j			<u></u>	7		
8	Estimat	ed tax penalty (see instructions). Check if Form 2	2220 is attached		. LJ	8		
9	Tax due	. If line 7 is smaller than the total of lines 4, 5, a	and 8, enter amount owed			9	N	ONE
10	Overpa	yment. If line 7 is larger than the total of lines 4	, 5, and 8, enter amount overpa	id		10		
11		e amount of line 10 you want: Credited to 2024				11		
Par	t IV	Statements Regarding Certain Ac		,			1	1
1		time during the 2023 calendar year, did						No
		financial account (bank, securities, or other		_				
		Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,	" enter the name	of the f	oreign country		
_	here							X
2		the tax year, did the organization receive a d		e grantor of, or trans	teror to, a	a foreign trust?		X
_		see instructions for other forms the organization	•	,				
3		e amount of tax-exempt interest received or acc						
4			Do not incl					
		on Schedule A (Form 990-T). Don't redu	uce the NOL carryover sho	own here by any	deduction	reported on		
_	Part I, Iii		ativity. Cada and available	noot 2017 NOL or		Don't roduce		
5		17 NOL carryovers. Enter the Business A ounts shown below by any NOL claimed on any S	•	•	•	Don't reduce		
	the and	Business Activity Code	scriedule A, Part II, IIIIe 17, 101 t	Available post		)l carryover		
		Business Houvily Code		\$	2017 140	L carryover		
				-   <del>\$</del>				
				-   \$				
				-   \$				
6a	Reserve	d for future use		1,				
		d for future use						
Par		Supplemental Information					_	
		ditional information. See instructions.						
		er penalties of perjury, I declare that I have examined of, it is true, correct, and complete. Declaration of prepa					knowled	lge and
Sigi	า   มือแ	er, it is true, correct, and complete. Declaration of prepar	iei (other than taxpayer) is based or	r all illioilliation of willon		the IRS discus	s this	return
Her	e MA	YA MENDOZA-EXSTROM	11/14/2024 SECR	ETARY		the preparer		
	Sigr	ature of officer	Date Title		(see	instructions)? X	Yes	No
Daid	 I	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid Pror	arer	MATTHEW FRERKER	MATTHEW FRERKER	11/14/2024	self-em	ployed P01	67767	5
	Only	Firm's name BDO USA			Firm's E			
	Jy	Firm's address 601 UNION STREET ST	UITE 2300, SEATTLE,	, WA 98101	Phone i	no. 206-382-	-7777	

Form **990-T** (2023)

#### **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

RAVE FOUNDATION					46-3932075			
<b>C</b> Ur	related business activity code (see instructions)	7	13290	D S	equence:	1	of	1
E De	scribe the unrelated trade or business GAMING REVENUE - I	RAFF	LE					
Pai			(A) Income		(B) Expens	es		(C) Net
1a	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a		_				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		_				
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement) . STMT 1		175,11					175,116.
13	Total. Combine lines 3 through 12	13	175,11		5			175,116.
Pai	Deductions Not Taken Elsewhere See instructions for directly connected with the unrelated business income		nitations on dec	ducti	ons. Deduct	ions m	nust b	e 
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses		1 1			6		
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return					8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		175 116
14	Other deductions (attach statement)					14		175,116.
15 16	Total deductions. Add lines 1 through 14					15		175,116.
16	Unrelated business income before net operating loss deduction					, ,		
17	column (C)					16 17		
17	Unrelated business taxable income. Subtract line 17 from line					18		
	aperwork Reduction Act Notice, see instructions.			<del></del>			A (For	m 990-T) 2023
	aparation and the state of the				30		,. 51	,

Schedule A (Form 990-T) 2023

	Ile A (Form 990-1) 2023				Page Z
Par	t III Cost of Goods Sold Ente	er method of inventory	valuation		
1	Inventory at beginning of year			1	
2	Purchases				
	Cost of labor				
Ļ	Additional section 263A costs (attach statement)				
;	Other costs (attach statement)				
;	Total. Add lines 1 through 5				
,	Inventory at end of year				
	Cost of goods sold. Subtract line 7 from line 6. E				
)	Do the rules of section 263A (with respect to				? Yes No
	t IV Rent Income (From Real Property				103110
1	Description of property (property street address, of A B C D				
	<u> </u>	Α	В	С	D
_	<u></u>	A	ь	C	U
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income).				
С	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, co	olumns A through D. Ent	er here and on Part I	line 6. column (A)	
	,	· ·			
4	Deductions directly connected with the income				
-	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D. Enter here and on Part	L line 6. column (B)		
		zi zinoi noio ana oni an	., (2)		
ar	V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street addr	,	Check if a dual-use. Se	e instructions.	
	A	,			
	В				
	c				
	D -				
		Α	В	С	D
	Gross income from or allocable to debt-financed				
2					
,	Property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
ļ	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
;	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
;	Divide line 4 by line 5	%	%	%	%
,	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
	Total gross income (add line 7, columns A through	nh D) Enter here and on B	Part I line 7 column (A)		<u> </u>
		g 2/. Emoi noio ana on i	, , , ooidiiii (A)		
)	Allocable deductions. Multiply line 3c by line 6				
	Total allocable deductions. Add line 9, colum	nns A through D. Enter	here and on Part I	line 7. column (B)	
1	Total dividends - received deductions included in	ŭ	•		

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Schedule A (Form 990-T) 2023

chedule A (Form 990-T) 2023 Page 3

Schedule A (Form 990-1) 2023						Page 3
Part VI Interest, Ann	uities, Royalt	ies, and Rents	s From Co		<b>nizations</b> (see instructions) ontrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	·	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
	•	Nonexe	empt Contr	olled Organization	ons	<del>'</del>
7. Taxable income	ind	Net unrelated come (loss) e instructions)		tal of specified /ments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
					ation (see instructions)	
1. Description of income		ount of income	3. direc	Deductions ctly connected ich statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
	Enter he	ounts in column 2. ere and on Part I, 9, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals Explaited Ex		, Income Oth	or Thom A	dyortiology loos		
Part VIII Exploited Ex		, income, oth	ei iliali A	uverusing inco	one (see instructions)	
<ol> <li>Description of exploite</li> <li>Gross unrelated busin</li> </ol>		4	inana Fatar	, have and an D	Port I line 40 column (A)	2
	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) Expenses directly connected with production of unrelated business income. Enter here and on Part I,					
•					inter nere and on Part I,	
,	line 10, column (B)				3	
	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete					
ŭ	lines 5 through 7					
	,					5
6 Expenses attributable					than the amount or line	6
			•		than the amount on line	
4. Enter here and on P	arrii, iine iz					7

Schedule A (Form 990-T) 2023

Page 4 Schedule A (Form 990-T) 2023

Par	t IX	dvertising Income					
1		s) of periodical(s). Check box	c if reporting	two or more periodicals o	n a consolidated bas	is.	
	A	1		•			
	B						
	c	-					
	D						
Enter	amounts	for each periodical listed ab	ove in the co				
				A	В	С	D
2	Gross a	advertising income					
а	Add col	umns A through D. Enter he	re and on Pa	rt I, line 11, column (A)			<u> </u>
3	Direct a	advertising costs by periodical	ı				
а		umns A through D. Enter he		t I. line 11. column (B)		•	<u> </u>
_	7.00	a		, (2)			• •
4	A duarti	ning gain (loss). Subtract line	2 from line				
4		sing gain (loss). Subtract line					
		any column in line 4 showi					
complete lines 5 through 8. For any column in							
	line 4 s	howing a loss or zero, do no	t complete				
	lines 5	through 7, and enter -0- on lin	ne 8				
5	Reader	ship costs					
6	Circula	tion income					
7	Excess	readership costs. If line 6 is	s less than				
		subtract line 6 from line 5. If li					
		e 6, enter -0-					
8		readership costs allowe	F				
·		on. For each column showing					
		enter the lesser of line 4 or line	_		0 1 1		
а		ne 8, columns A through		-			
	Part II, I	ine 13					
Par	t X	compensation of Office	ers, Direct	ors, and Trustees (s	see instructions)		
		•	ĺ	,	ĺ	3. Percentage	4. Compensation
		4. Nome		2 Title		ŭ	· ·
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
( - /						70	
Total	Enter	here and on Part II, line 1.					
Por	4 VI G	Supplemental Informati	ion (ooo in				
Гаі	LAI	supplemental informati	ion (see ins	structions)			

Schedule A (Form 990-T) 2023

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RAVE FOUNDATION 46-3932075

SCHEDULE A:GAMING INCOME
PART I - LINE 12 - OTHER INCOME

GAMING REVENUE - RAFFLE 175,116.

TOTAL OTHER INCOME 175,116.

JIAL OTHER INCOME 175,110.

7923TJ YJ4A 48

STATEMENT 1

RAVE FOUNDATION 46-3932075

SCHEDULE A:GAMING INCOME
PART II - LINE 14 - OTHER DEDUCTIONS

CASH PRIZE 73,420. §162 CHARITABLE GAMING DISTRIBUTIONS 3,075. OTHER DIRECT EXPENSES 98,621.

7923TJ YJ4A 49

STATEMENT 2