Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 147832. 112488. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of priparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officers and complete. Declaration of priparer (other than officer) is based on all information of which preparer has any knowledge. Bignature of officers are considered as a complete of the constant of the best of my knowledge and belief, it is true, correct, and complete. Declaration of priparer (other than officer) is based on all information of which preparer has any knowledge. Bignature of officers are constant of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete. Declaration of the best of my knowledge and belief, it is true, correct, and complete Declaration of the best of my knowledge and belief, it is true, correct, and complete Declaration of the best of my knowledge and belief, it is true, correct, and complete Declaration of the best of my knowledge and belief, it is true, correct, and complete Declaration of the best of my knowledge and belief, it is true, correct, and complete Declaration of the best of my knowledge a	AF	or the	e 2021 calendar year, or tax year beginning a	nd ending		
Company Comp	B c	Check if applicab			D Employer identif	ication number
Dong Dusiness as 95-4850899						
Number and street (or P.O. box if mail is not delivered to street address) 35 0		Name			95-48508	99
1334 PARK VIEW AVE 350 888-314-5554		Initial		Room/su		
City or town, state or province, country, and ZIP or foreign postal code MaNHATTAN BEACH		Final	1334 DADE VITEW AVE			
MANHATTAN BEACH, CA 90266 Flame and address of principal officer: RICHARD ALLEN For authoridances of principal officer: RICHARD ALLEN Flame and address of principal officer: RICHARD ALLEN Flame and address of principal officer: RICHARD ALLEN Takevempt status: X 301(e)(3) 501(e)(1) 4 ((insert n.o.) 4947(a)(1) or 527 Flame and address of principal officer: RICHARD ALLEN Thoronton of the product of the principal officer: RICHARD ALLEN ManhATTAN BEACH, CA 902 Misser and address of principal officer: RICHARD ALLEN ManhATTAN BEACH, CA 902 Misser and address of principal officer: RICHARD ALLEN Misser and address of principal officer: RICHARD A		termir ated		10.00		
Name and address of principal officer RICHARD ALLEN for subordinates? Yes No 13 34 PARK VIEW AVE MANHATTAN BEACH CA 902 H(b) Are all subordinates included? Yes No I Tax-exempt status: X 9010(13) 5010(12) 4 (insert no.) 4947(a)(1) 522 H(b) Are all subordinates included? Yes No I Tax-exempt status: X 9010(13) 5010(12) 4 (insert no.) 4947(a)(1) 522 H(b) Are all subordinates included? Yes No H(c) Group exemption number Part II Summary Summa		□Amen	ded MANUADDAN DEACH CAÍ 00266			
Tax-exempt status:						
Taxexempt status:		pendi		CA 90		
Website: WWW.RAVENDRUMFOUNDATION.ORG H(c) Group exemption number	T 1	Гау. Б у			— ' '	
Part Summary				(1) 01 (
Briefly describe the organization's mission or most significant activities: RAVEN DRUM FOUNDATION SERVES, EDUCATES, AND EMPOWERS VETERANS, FIRST RESPONDERS, AND TRAUMA Check this box				I V		
Briefly describe the organization's mission or most significant activities: RAVEN DRUM FOUNDATION SERVES, EDUCATES, AND EMPOWERS VETERANS, FIRST RESPONDERS, AND TRAUMA Check this box					car or formation. 2002	IVI State of legal dofficite, C11
EDUCATES , AND EMPOWERS VETERANS , FIRST RESPONDERS , AND TRAUMA 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of vioting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of violulateer (settimate if necessary) 6 0 Total number of violulateers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5 Net unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Total cevenue less expenses (Part IX, column (A), lines 25) 17 Other expenses (Part IX, column (A), lines 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total labilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total assets (Part IX, line 26) 11 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total cert and complete Designation of their return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Designation of their return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Designation of their return, including accompanying schedules and stat			-	EN DRI	IM FOIINDATTON	SERVES
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Signature of office Sascif443 Bignature of office Sascif443 BICHARD ALLEN, FOUNDER/PRESIDENT/DIRECTOR	true,	, corre		f which prepa		
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Preparer Firm's name ► HWI CORPORATION Firm's EIN ► 95-4829760	Prep	oarer			Firm's EIN ▶	95-4829760
Use Only Firm's address 1499 HUNTINGTON DR. #200	Use	Only				
SOUTH PASADENA, CA 91030 Phone no. (626) 403-9911		-			Phone no. (6	526) 403-9911
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orm	990 (2021) C/O WOMACK BUSINESS MANAGEMENT	95-4850899	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	RAVEN DRUM FOUNDATION SERVES, EDUCATES, AND EMPOWERS V		
	RESPONDERS, AND TRAUMA SURVIVORS THROUGH INNOVATIVE WE	LLNESS-SUPPORT	ED
	PROGRAMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	tes	A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	os2 Vos	X No
•	If "Yes," describe these changes on Schedule O.	co:	140
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$140624 • including grants of \$19500 •) (Revenue \$	50.)
	CONDUCTED TWO TYPES OF DRUM CIRCLES WITH DIFFERENT CON		s
	PARTNERSHIP DRUM CIRCLES ARE CONDUCTED IN COLLABORATION		
	MILITARY/VETERAN GROUPS WHEREAS COMMUNITY DRUM CIRCLES		
	COMMUNITY AT LARGE. BOTH PROGRAMS USE RHYTHM AS A MEAN		<u>E</u>
	COMMUNICATION AND HEALING AMONG PARTICIPANTS AND UTILI		
	GUIDES. THE PROJECT RESILIENCY PROGRAMS USES DRUMMING	· · · · · · · · · · · · · · · · · · ·	
	MOVEMENT, DANCE, YOGA, EQUINE THERAPY AND BREATHING TE AS MINDFULNESS AND MEDITATION TO HELP RELEASE AND HEAL		<u> тн</u>
	OBJECTIVE IS TO PROVIDE CLIENTS WITH SELF-HELP AND SEL		<u> </u>
	THAT CAN BE INCORPORATED INTO THEIR DAILY LIVES ENABLI		
	INDEPENDENTLY MANAGE THEIR SYMPTOMS.	NO CELENTO TO	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	Other program convices (Describe on Schodule O.)	-	

132002 12-09-21

140624.

Total program service expenses

THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

95-4850899

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)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

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Pa	rt IV Checklist of Required Schedules (continued)			age -
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
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 non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31		37		X
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	, 55		
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X **d** If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

C/O WOMACK BUSINESS MANAGEMENT Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WOMACK BUSINESS MANAGEMENT - 310-802-8903 1334 PARK VIEW AVE, STE. 350, MANHATTAN BEACH, 90266

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

V Observations it will be a supplied to the su

X Check this box if neither the organization n						iper	isate			, <u> </u>
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	Positio				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an tee)	compensation	compensation	amount of
	week		T			T	T,	from the	from related	other
	(list any hours for	lirect						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	100011120)	and related
	below	dualt	ntions	_	oldm	st co	<u></u>	.555		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD ALLEN	1.00									
FOUNDER/PRESIDENT/DIRECTOR	0.00	Х		Х				0.	0.	0.
(2) JOHN ROBERTS	1.00									
DIRECTOR/SECRETARY/T	0.00	Х		Х				0.	0.	0.
(3) KAREN SIMONTON	1.00									
DIRECTOR	0.00	Х	_	Х				0.	0.	0.
	•	_	_	-	_	_	•			

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D)									(E)		(F)		
Name and title	Average	hours per (do not check more than one box, unless person is both an				Reportable	Reportable	.		timate			
	week		, unles cer an					compensation from	compensation from related	- 1		nount o other	ΣŤ
	(list any	ctor						the	organizations	- 1		pensat	tion
	hours for	Individual trustee or director	a.			ted		organization	(W-2/1099-MIS	,C/	fr	om the	e
related organizatior			truste		9	beusa		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	below	lual tri	tional		ploye	st com	_	1099-NEC)				d relate Inizatio	
	line)	Indivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, gc	. nzaci	,,,,
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										$\overline{}$			
		-											
										\dashv			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	io re	eceived more than \$100,	000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ee k	(ev e	mol	ove	e or	· hia	hest compensated emp	ovee on	Γ			110
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										[4		Х
5 Did any person listed on line 1a receive or a	accrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		Х
Section B. Independent Contractors									100.000 (
1 Complete this table for your five highest co the organization. Report compensation for										ensat	ion tro	om	
(A)	irie caleridai ye	sai e	iluli	ig w	iuii c	ועע וכ		(B)	ear.		(C	:)	
Name and business	address	NO	ONE	S				Description of s	ervices	C		nsatior	1
							\dashv						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation 🕨				()							
										1	Form 9	990 (2	2021)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 159442. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 159442. h Total. Add lines 1a-1f **Business Code** 50. 2 a PROGRAM SUPPORT 624110 50. Program Service f All other program service revenue 50. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 159492. 50. **12 Total revenue.** See instructions

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Part IX | Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 19500. 19500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 71580. 35790. 35790. Management 1287. 1287. Legal 4160. 4160. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 58142. 58142. column (A), amount, list line 11g expenses on Sch O.) 5958. 5958. Advertising and promotion 12 5244. 5244. Office expenses 13 Information technology 14 15 Royalties 1458. 1093. 365. 16 Occupancy 158. 158. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 540. 270. 270. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 14387. 14387. OTHER PROGRAM EXPENSES WEB HOSTING & MAINTENAN 5049. 2525. 2524. 2959. 2959. MERCHANT FEES 1881. 1881. PRINTING & PUBLICATIONS 2532. 2532. All other expenses 194835. 140624. 54211. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	165067.	1	129603.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
Assets	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		4 4 4 9 4			
		basis. Complete Part VI of Schedule D		14404.			
	b	Less: accumulated depreciation		14404.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12	_		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,650,67	15	100602
	16	Total assets. Add lines 1 through 15 (must eq			165067.	16	129603.
	17	Accounts payable and accrued expenses	1885.	17	1765.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the		· ·	15350.	22	15350.
<u>E</u>	23	Secured mortgages and notes payable to unre	13330.	23	13330•		
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p				27	
		parties, and other liabilities not included on line	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			17235.	26	17115.
		Organizations that follow FASB ASC 958, ch	eck her	e >			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions				27	
Fund Balances	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
Ŀ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		0.	29	0.	
sets	30	Paid-in or capital surplus, or land, building, or e		0.	30	0.	
As	31	Retained earnings, endowment, accumulated i	147832.	31	112488.		
Net Assets or	32	Total net assets or fund balances			147832.	32	112488.
	33	Total liabilities and net assets/fund balances			165067.	33	129603.
							Form 990 (2021)

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	rt XI Reconciliation of Net Assets				9-		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 594</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9 <u>48</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 353</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	<u>478</u>	<u>32.</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			<u>-1.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	1	<u> 124</u>	<u>88.</u>		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			,,		
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>		
			Form	990	(2021)		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

THE RAVEN DRUM FOUNDATION **Employer identification number** Name of the organization C/O WOMACK BUSINESS MANAGEMENT 95-4850899 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-						_		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	(4) 23 11	(3) 2010	(6) 2515	(4) 2020	(6) 2521	(i) rotar		
	Gross income from interest,						-		
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc (see instruction	ne)			12			
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax		· ·			
	organization, check this box and stop				•	. , . ,			
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (li			column (f))		14	%		
	Public support percentage from 2020		•	.,,		15	%		
	33 1/3% support test - 2021. If the c					nore, check this box	and		
	stop here. The organization qualifies	as a publicly supp	orted organization				>		
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization quali								
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		>		
b	10% -facts-and-circumstances test	-	•	* ''	-	17a, and line 15 is	10% or		
	more, and if the organization meets th	ie facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	ımstances test. Th	ne organization qua	alifies as a publicly	/ supported organi	zation	>		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	nd see instructions			
			·			-			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

C/O WOMACK BUSINESS MANAGEMENT

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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.)

qualify under the tests listed be Section A. Public Support	pelow, please comp	lete Part II.)					
	1-) 0047	(1-) 0040	(-) 0010	(-1) 0000	(-) 0004	(A) T : :	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not include any "unusual grants.")	81327.	143858.	159806.	59090.	154267.	598348.	
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	013271	1130301	133000		131207	3303401	
organization's tax-exempt purpose				5472.		5472.	
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to 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	81327.	143858.	159806.	64562.	154267.	603820.	
7a Amounts included on lines 1, 2, and				<u> </u>			
3 received from disqualified persons						0.	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year						0.	
c Add lines 7a and 7b						0.	
8 Public support. (Subtract line 7c from line 6.)						603820.	
Section B. Total Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81327.	143858.	159806.	64562.	154267.	603820.	
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c 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							
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.)	81327.	143858.	159806.	64562.	154267.	603820.	
14 First 5 years. If the Form 990 is for the	he organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,	
check this box and stop here	·					>	
Section C. Computation of Publ						100 00	
15 Public support percentage for 2021 (•	olumn (f))			<u>100.00 %</u>	
16 Public support percentage from 2020					16	<u>%</u>	
Section D. Computation of Inves		00					
17 Investment income percentage for 2		17	.00 %				
8 Investment income percentage from 2020 Schedule A, Part III, line 17							
19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualifi	es as a publicly su	pported organizat	tion	 ►X	
line 18 is not more than 33 1/3%, che	· ·		•		•	. —	
20 Private foundation If the organization		-			-		

Schedule A (Form 990) 2021

C/0 WOMACK BUSINESS MANAGEMENT

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
le A (Forn	n 990)	2021

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C/O WOMACK BUSINESS MANAGEMENT

Sche	edule A (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT	95- 4 85089	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
	and an experiment organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or	103	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	ty (000 mondono	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the granization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	y .
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT 95-4850899 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		(3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>_i</u>	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A	(Form 990) 2021	C/O WOMACK	BUSINESS	MANAGEMENT	95-4850899 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide th 1, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV.	e explanations requ , 6, 9a, 9b, 9c, 11a Section E, lines 1c	uired by Part II, line 10; l , 11b, and 11c; Part IV, c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	n E, lines 2, 5, and	6. Also complete this pa	art for any additional information.

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

Employer identification number

95-4850899

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization
THE RAVEN DRUM FOUNDATION
C/O WOMACK BUSINESS MANAGEMENT

Employer identification number
95-4850899

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	iai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NUGS.NET ENTERPRISES INC 1383 9TH AVENUE SAN FRANCISCO, CA 94122	\$	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
2	ISLAND FUND 3019 DUPORTAIL ST PMB#240 RICHARD, WA 99352	\$\$	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	JASON AND CRYSTAL KAMPF 211 MAIN STREET SAN FRANCISCO, CA 94105	\$\$	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	KALI HAWK 5014 MELROSE AVE, STE. 300 LOS ANGELES, CA 90038	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TIE WRAPS PO BOX 421132 SAN DIEGO, CA 92142	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LORI KRUEGER 11010 N 77TH ST SCOTTSDALE, AZ 85260	\$\$	Person X Payroll

Schedule B (Form 990) (2021) Page **2**

Name of organization
THE RAVEN DRUM FOUNDATION
C/O WOMACK BUSINESS MANAGEMENT

Employer identification number
95-4850899

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	WENTWORTH GALLERY 1118 NW 159 DR MIAMI, FL 33169	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Nume, dedicate, and Emily	\$	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 Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occash Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021) Page **3**

Name of organization
THE RAVEN DRUM FOUNDATION
C/O WOMACK BUSINESS MANAGEMENT

Employer identification number
95-4850899

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT 95-4850899 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE RAVEN DRUM FOUNDATION

C/O WOMACK BUSINESS MANAGEMENT

Employer identification number 95-4850899

Par	t I Organizations Maintaining Donor Advised Fund	s or Other Sim	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
	()	a) Donor advised f	unds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	at the assets held	in donor advised fund	ls
	are the organization's property, subject to the organization's exclusive	legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant	funds can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any o	other purpose conferri	ng
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (for example, recreation or ec	lucation) 💹 F	Preservation of a histo	orically important land area
	Protection of natural habitat	F	Preservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution	on in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure inc			2c
d	Number of conservation easements included in (c) acquired after 7/25.			
	listed in the National Register			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terr	minated by the organiz	zation during the tax
	year >			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor			
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and	enforcing conservation	n easements during the year
_	Assemble 6 assemble 1	alatiana and anta-		and a state of the
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enfor	cing conservation eas	sements during the year
•	> \$		f 1' 4 70/L\(4\\D\)	r\
8	Does each conservation easement reported on line 2(d) above satisfy to a string 1770(h)/(A)/(D)/(ii)0			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easem		•	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	e organization s iii	ianciai statements tha	at describes trie
Par	t III Organizations Maintaining Collections of Art, Hi	storical Treas	ures. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Par		,	
	If the organization elected, as permitted under FASB ASC 958, not to		ue statement and bala	unce sheet works
	of art, historical treasures, or other similar assets held for public exhibit	•		
	service, provide in Part XIII the text of the footnote to its financial state			is of public
b	If the organization elected, as permitted under FASB ASC 958, to repo			sheet works of
_	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items:	.,,,		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treasures, or			· · —
•	the following amounts required to be reported under FASB ASC 958 re			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions for Forn			Schedule D (Form 990) 2021

THE RAVEN DRUM FOUNDATION 95-4850899 Page 2 C/O WOMACK BUSINESS MANAGEMENT Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation

Schedule D (Form 990) 2021

e Other

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

d Equipment

9698

4706.

9698.

4706.

chedule D (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT 95-4850899 Page 3

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Port IV line	110 Coo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)		+	
(3)		1	
(4)			
(5) (6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT 95-4850899 Page 4

		Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Reti	urn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	reries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		<u>-</u>	2e
3		act line 2e from line 1			3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
		nes 4a and 4b			4c
5 Pa	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per Re	<u>5 </u>
. u	7411	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Expended per ric	oturn.
1	Total				1
2		expenses and losses per audited financial statements			•
a		ed services and use of facilities	2a		
b		rear adjustments	2b		
c		losses	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d			2e
3	Subtra	act line 2e from line 1			3
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b			4c
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	•		Part X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inforn	nation.	

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection THE RAVEN DRUM FOUNDATION **Employer identification number** Name of the organization 95-4850899 C/O WOMACK BUSINESS MANAGEMENT Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SUPPORT FOR ORGANIZATION SWEET RELIEF MUSICIANS FUND THAT PROVIDES ADDITIONAL BENEFITS TO THE MUSICIAN 2601 E CHAPMAN AVE, STE 204 FULLERTON, CA 92831 95-4443269 501(C)(3) 6000 0 COMMUNITY THAT SUPPORT FOR ORGANIZATION VETERANS TRANSITION CENTER OF THAT PROVIDES ADDITIONAL CALIFORNIA - 220 12TH STREET -BENEFITS TO THE VETERAN 77-0431413 501(C)(3) COMMUNITY THAT MARINA, CA 93933 6000 0. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT

95-4850899

Page 2

(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 noncash assistance
Part IV Supplemental Information. Provide the information re	 quired in Part I, lin	ı e 2; Part III, column	(b); and any other ac	I dditional information.	
PART I, LINE 2:					
MANAGEMENT AND THE BOARD'S EVALUAT	ION OF RE	CIPIENT'S	MISSION AN	D SUCCESS IN	
CARRYING OUT THAT MISSION AS WELL	AS RECIPI	ENT'S SPEC	CIFIED REQU	EST FOR	
FUNDS.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: SWEET R	ELIEF MUSI	CIANS FUND		
(H) PURPOSE OF GRANT OR ASSISTANCE					
PROVIDES ADDITIONAL BENEFITS TO TH					
TWOATHER WINTITIONAL DEMELTIS IO IU	E HOSICIA	TA COMMONT	TI TIMI SUP	THERENIA	O all a shalla I (F arms 200) 20

THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

Schedule I (Form 990) C/O WOMACK BUSINESS MANAGEMENT Part IV Supplemental Information	95-4850899 Page 2
THE BENEFITS THE RAVEN DRUM FOUNDATION PROVIDES.	
NAME OF ORGANIZATION OR GOVERNMENT:	
VETERANS TRANSITION CENTER OF CALIFORNIA	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ORGANIZATION	ON THAT
PROVIDES ADDITIONAL BENEFITS TO THE VETERAN COMMUNITY THAT	SUPPLEMENTS
THE BENEFITS THE RAVEN DRUM FOUNDATION PROVIDES.	
NAME OF ORGANIZATION OR GOVERNMENT: STAND IN BALANCE	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ORGANIZATION	ON THAT
PROVIDES ADDITIONAL BENEFITS TO THE VETERAN COMMUNITY THAT	SUPPLEMENTS
THE BENEFITS THE RAVEN DRUM FOUNDATION PROVIDES.	
NAME OF ORGANIZATION OR GOVERNMENT: REINS OF HOPE	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ORGANIZATION	ON THAT
PROVIDES ADDITIONAL BENEFITS TO THE VETERAN COMMUNITY THAT	SUPPLEMENTS
THE BENEFITS THE RAVEN DRUM FOUNDATION PROVIDES.	

Schedule I (Form 990)

SCHEDULE L

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE RAVEN DRIM FOUNDATION

Employer identification number

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Part I	Excess Bene									ction	501(c)(29) orga	nizatio	ns on	ly).			
(Complete if the o	organiza	tion ar	nswered	"Yes" on F	orm 9	90, Pa	art IV, lir	ne 25a or 25b	o, or F	orm 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name	of disqualified p	nerson	(b		nship betv			lified	10	~) Dec	scription of tran	eactio	n		(d)	Corre	cted?
(a) Name	- or aloqualifica p			per	son and or	ganıza	ation			5, Do					<u> </u>	es	No
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			_												+	+	
			+												+	\dashv	
			+												+	-	
2 Enter the	e amount of tax i	incurred	by the	e organiz	ation man	agers	or disc	ualified	persons dur	ing th	e year under						
section 4													> \$				
3 Enter the	e amount of tax,												> \$				
Part II	Loans to and	d/or Fr	rom l	nteres	ted Pers	ons.											
	Complete if the o	•						, Part V,	line 38a or F	orm 9	990, Part IV, lin	e 26; c	or if th	e orga	nizatio	n	
	reported an amo							Ι.,	<u> </u>	l		Ι.,		(h) An	nroved		
	lame of ed person	(b) Rel		onship (c) i dipose			from the princ		e) Original cipal amount		Balance due	(g) defa	In iult?	by bo	ard or	. ,,, .,	/ritten ment?
	iou porcorr	With Oil	garnzan		71 10411	٣	zation?		paramount						(d) Corrected? Yes No anization proved oard or mittee? (i) Written agreement?	Т	
RTCHARD	ALLEN	SEE	РΨ	VSEE	PT V	To X	From		59496.		15350.	Yes	No X	Yes	NO		NO
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otal Part III	Grants or As	eietan	CO B	onofiti	na Inter	aeta.	d Dar	eone	> \$		15350.						
	Complete if the				•				0 27								
	ne of interested p		Illoir ai						Amount of		(d) Type	of		10	\ Durr	000	
(a) Ivali	ie of interested p	person			elationship rested pers				assistance		assistan						1
				t	ne organiza	ation											
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT 95-4850899 Page 2

Part IV	Business Transactions Involv	•	2h or 20o			
(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation's
		person and the organization	Hansaction	transaction	reveni Yes	ues? No
LAUREN	N ALLEN	SPOUSE OF DIRECTOR	1500.	SPOUSE'S CO		X
Part V	Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see in	nstructions).			
SCHEDU	JLE L, PART II, LOANS	· · · · · · · · · · · · · · · · · · ·	·	:		
(A) NA	ME OF PERSON: RICHAR	D ALLEN				
(B) RE	LATIONSHIP WITH ORGA	NT7XTTON. FOINDED/DD	EGIDENM /DID	ECTOD		
(D) KE	LLATIONSHIP WITH ORGA	NIZATION: FOUNDER/PR	ESIDENI/DIK	ECTOR		
SCH L,	PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NA	ME OF PERSON: LAUREN	ALLEN				
(D) DE	SCRIPTION OF TRANSAC	TTON SPONSE'S COMPA	MV DDOWIDED	CONSIII.TING		
SERVIC	CES IN THE AMOUNT OF	\$1,500 TO THE ORGANI	ZATION DURI	NG 2021.		

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

THE RAVEN DRUM FOUNDATION

Employer identification number

C/O WOMACK BUSINESS MANAGEMENT	95-4850899
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
SURVIVORS THROUGH INNOVATIVE WELLNESS-SUPPORT PROGRAMS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
COPY PROVIDED TO BOARD MEMBERS FOR REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTATION IS MADE AVAILABLE UPON REQUEST AND ALSO VIA	GUIDESTAR.COM
WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COORDINATOR FEES:	
PROGRAM SERVICE EXPENSES	80.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	80.
PROGRAM FACILITATORS:	
PROGRAM SERVICE EXPENSES	58062.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58062.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	58142.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE RAVEN DRUM FOUNDATION

Employer identification number

	C/O WOMACK BUS	INESS MANAGEMENT				9	95-48508	99	
Part I Identifica	tion of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) dress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total incor	(e) me End-of-year	d-of-year assets Direct of		(f) controlling entity	
Part II Identifica organizati	tion of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more r	related tax-exer	npt	
	(a) me, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	Section 5 contr	rolled
					501(c)(3))			Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 C/O WOMACK BUSINESS MANAGEMENT

95-4850899

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No						(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2021

THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

95-4850899

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>l</i>			1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
							X	
k	, 11 ,							
ı	Performance of services or membership or fundraising solicitations for related organ				1b 1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s transaction thresholds. (d) ethod of determining amount involved			
5							X	
0	Sharing of paid employees with related organization(s)				10		X	
					_		Х	
p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)						X	
	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the second o							
	(a)	(b)	(c)					
	Name of related organization	Transaction	Amount involved		volved			
		type (a-s)						
1)]	MUKTI BELLA ROSA	R	1500.	GENERAL LEDGER				
2)								
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6)								
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Schedule R (Form 990) 2021

THE RAVEN DRUM FOUNDATION C/O WOMACK BUSINESS MANAGEMENT

95-4850899

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	j
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	Tes IV	-
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