Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Α	For the	2020 cal	endar year, or tax year b	eginning			, and e						
В	Check if	applicable:	C Name of organization	RASOPATHI	ES NETW	ORK USA) Employe	er identifi	cation num	ber	
\square	Address	change	Doing business as										
一.			Number and street (or P.0	O. box if mail is not	delivered to	street address)	Room/suite	2	7-3775	851			
닏'	Name ch	ange	244 TAOS ROAD						E Telephor	ne numbe	r		
□ı	nitial retu	urn	City or town			State	ZIP code	_	06 676	7604			
Π,	<u>.</u>		ALTADENA CA 910	01				6	<u> 26–676</u>	- 7694			
닏'	-ınaı return	/terminated	Foreign country name	Foreign _I	province/state	county	Foreign postal	l code					
\square	Amended	d return						(G Gross re	ceipts \$		5454	8.
П.	Annlianti	on pending	F Name and address of prir	ncinal officer: T. T.S	A SCHOV	'FB		∐/a) le this	a group return	for aubordin	otoo?		X No
ш′	тррпсанс	on pending		ALTADENA		91001					=	=	
			<u> </u>		CA .			1 ` ′	all subordina		_	Yes	No
1	Tax-exe	mpt status:	X 501(c)(3) 501(c)) () \blacktriangleleft	(insert no.)	4947(a)(1) or 527	It "N	o," attach a	list. See ir	nstructions		
J	Website	: ► RAS	SOPATHIESNET.ORG	1				H(c) Grou	p exemption	number	<u> </u>		
Κ	Form of	organizatio	n: X Corporation Tr	rust Associa	tion Otl	her >	L Yea	ar of format	ion: 201	0 M St	tate of legal of	domicile	: CA
	art I		mmary							<u> </u>			
	1		lescribe the organizatio	n's mission or	most signi	ficant activit	ies: OIIR	MTSST	ON IS	TO AD	VANCE		
မ္ပ	1 .		RCH OF THE RASOF						011 10	10 110	VIIIVOL		
ä					DIVINGI	NG TOGET	HER PART	<u>птпо, </u>					
Activities & Governance			CIANS, AND SCIEN										
Š	2		his box 🕨 🔙 if the or							% of its	net asset	S.	
Ğ	3	Number	of voting members of t	the governing l	oody (Part	VI, line 1a)				3			6
۹Õ س	4	Number	of independent voting	members of th	ie governir	ng body (Par	rt VI, line 1b)			4			
Ęį	5	Total nu	imber of individuals em	ployed in cale	ndar year 2	2020 (Part V	', line 2a) .			5			
≅	6		mber of volunteers (es							6			
Aci	7a		related business reven							7a			
•	b		elated business taxable							7b			
		14Ct ann	Siated business taxable	THOOTHC HOTH	01111 330	1,1 41(1,111)			Prior Year	110	Curr	ent Year	
	8	Contribu	utions and grants (Part	VIII line 1h)						5700.	- Juli		1521.
ne	_			•									
Revenue	9		n service revenue (Part						58	3986.		3	3000.
Š	10		ent income (Part VIII, c	. ,		,							<u>1.</u>
_	11		evenue (Part VIII, colum										26.
	12		enue—add lines 8 throug						74	686.		5	4548.
	13		and similar amounts pa										
	14	Benefits	paid to or for members	s (Part IX, colu	mn (A), lin	e 4)							
S	15	Salaries,	other compensation, em	ployee benefits	(Part IX, co	lumn (A), line	es 5–10) .						
JSE	16a	Profess	ional fundraising fees (l	Part IX, columi	n (A), line	11e)							
Expenses	b		ndraising expenses (Pa										
ŭ	17		xpenses (Part IX, colun						92	2414.		3	1943.
	18		penses. Add lines 13–							2414.			1943.
	19		e less expenses. Subtr							728.			2605.
or es		11010114	o lood experiedes. Gabti	401 1110 10 1101	11 11110 12.			Beginnir	ng of Curre		End	of Year	
ets	20	Total as	sets (Part X, line 16).					- 3		055.			8442.
Ass	21		bilities (Part X, line 26)										2077.
Net Assets or Fund Balances	22		ets or fund balances. S						3.4	1055.			6365.
	rt II		nature Block	abtract iii c L i				1					<u> </u>
			ry, I declare that I have exami	ned this return, inc	luding accom	panving schedu	ules and stateme	ents. and to	the best of	mv knowl	ledae		
			ect, and complete. Declaration										
Si.	ın								05/	27/202	21		
Sig			Signature of officer						Date				
He	re		LISA SCHOYER				PRE	SIDENT					
			Type or print name and title										
		Prin	t/Type preparer's name		Preparer's sig	ınature		Date		_	PTIN	1	
Pai	id		· · ·							Check	X if		
	eparer	. RAY	MOND CHACON	I	RAYMOND	CHACON		05/2	7/2021	self-emplo	oyed P01	7173	99
	e Only	l –.	n's name ►EXCELLEN	IT FINANCI	AL SOLU	TION		F	irm's EIN	<u>90</u> −0	90 <u>02</u> 28		
J	o Omi	Firm	n's address ► 1276 E C	COLORADO B	LVD PASA	ADENA	CA S	91106 F	Phone no.	626-	486-245	55	
Mar	v tha I		es this return with the n					<u>,</u>			x,		No

2			rogram services during the year which			
	•				Yes	X No
		hese new services on Sched				
3			significant changes in how it conductions in the significant changes in how it conductions.		Yes	X No
	If "Yes," describe to	hese changes on Schedule C).			
4	Describe the organ expenses. Section	nization's program service acc	complishments for each of its three la nizations are required to report the a			
4a	EVERY ODD YEAR CONVENES THE A SCIENTIFIC AND AFFECTED SCIENCE, AND APPLICATIONS RAS/MAPK PATE	AR, BIENNIALLY, RASO INTERNATIONAL RASOF CONVERSATION BETWEE FAMILIES TO SHARE A SET FORTH A FRAMEWO DIRECTED TOWARDS TH HWAY SYNDROMES.	1943. including grants of \$ PATHIES NETWORK USA PROD ATHIES SYMPOSIUM PROVIDI CONTROL OF THE SYMPOSIUM PROVIDING SYMPOSIUM CONTROL OF THE SYMPOSIUM	UCES AND NG A VENUE FOR S, TRAINEES ES AND BASIC TRANSLATIONAL PRACTICES FOR		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services \$	vices (Describe on Schedule including gra		enue \$)	

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions. 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 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 Χ

Par	Checklist of Required Schedules (continued)		·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			- 11
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لہ	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	If"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		3.7
29	If"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: If res, complete schedule W	23		- 71
•	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	004		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	I	- /1
	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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ν,
	gaming (gambling) winnings to prize winners?	1c		X

27-37	7585	1 р	age 5
1 1		Yes	No
2a			
returns?	2b		
ructions)			
	3a		Х
hedule O	3b		
other authority over, ancial account)?	4a		Х
•	4a		Λ
ounts (FBAR).			
ar?	5a		Χ
ansaction?	5b		Χ
	5c		
did the	6-		v
· · · · · · · · · ributions or	6a		Х
	6b		
y for goods			
	7a		Х
	7b		X
n it was	7c		Х
7d	70		Λ
nefit contract?	7e		X
contract?	7f		Х
3899 as required? .	7g		Χ
file a Form 1098-C?	7h		X
ntained by the			37
	8		X
	9a		Х
?	9b		Х
10a			
10b			
11a			
11a			
11b			
Form 1041?	12a		
12b			
	4.0		
).	13a		
,. 			
13b			
13c			
	14a		

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	2b								
b										
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file.</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?									
3a										
b 4a										
тa	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b								
	gifts were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		37						
h	and services provided to the payor?	7a 7b		X						
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Λ						
C	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g										
h										
8	,									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
_	the organization is licensed to issue qualified health plans									
с 14а	Enter the amount of reserves on hand	14a								
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.70								
13		15		Х						
	excess parachute payment(s) during the year	13		Λ						
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020) RASOPATHIES NETWORK USA Part VI

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

Seci	ion A. Governing Body and Management			., 1				
		4.		Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year	1a 6						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b						
2								
	any other officer, director, trustee, or key employee?		2	Χ				
3	Did the organization delegate control over management duties customarily performed by or under							
	supervision of officers, directors, trustees, or key employees to a management company or other		3		Χ			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Χ			
5	Did the organization become aware during the year of a significant diversion of the organization's	s assets?	5		X			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint						
	one or more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) member							
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken							
Ū	the year by the following:	torr daring						
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	21	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		OD		- 21			
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule (9		Х			
Soot	ion B. Policies (This Section B requests information about policies not required by the I				Λ			
Seci	ion b. Policies (This Section B requests information about policies not required by the r	illerriai neveriue C	oue.)	Yes	No			
100	Did the organization have local chapters, branches, or affiliates?		10a	res	X			
	If "Yes," did the organization have written policies and procedures governing the activities of suc		IUa		Λ			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt	-	10h					
44.	•	•	10b	37				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	illing the form?	11a	Χ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4.0					
12a	1 7 7 9		12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Χ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?							
	describe in Schedule O how this was done		12c	Χ				
13	Did the organization have a written whistleblower policy?		13		Х			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and app							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a		Х			
b	Other officers or key employees of the organization		15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	_						
	with a taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva							
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa							
	the organization's exempt status with respect to such arrangements?		16b					
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 95		n 501	(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a	apply.						
		plain on Schedule O,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest	policy	,				
	and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's		•					
	LISA SCHOYER	626-676-769	4					
	244 TAOS RD ALTADENA CA 91001							

Part VII Compensation of Officers, Direct

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor ar	ny related organ	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	tee.
(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LISA SCHOYER	8									
PRESIDENT				Х				0	0	0
(2) LISA SCHILL VICE PRESIDENT	8			Х				0	0	0
(3) LEE JOHNSON	8	.,,						0	0	0
IND TRUSTEE	0	Х						0	0	0
(4) BETH STRONACH SECRETARY	8			Х				0	0	0
(5) ELSABETH PARKE IND TRUSTEE	8	Х						0	0	0
(6) BRUCE DECKMAN TREASURER	8			Х				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	art VII Section A. Officers, Directors, T	rustees, Key Ei	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinue	d)
	(A) Name and title	(B) Average hours per week	not ch unles	Pos neck ss pe d a d	c) sition more erson lirect	e than is botl or/trus	one h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	Estima	(F) ated amount if other pensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr organ	om the ization and organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal							•				
C	Total from continuation sheets to Part VII,							•				
<u>d</u> 2	Total (add lines 1b and 1c)							• Aiv	ed more than \$1	00 000 of		
_	reportable compensation from the organizatio		iiotou	abt	J V C)	, ,,	10 100	CIV	ca more man φ	00,000 01		
'												Yes No
3	Did the organization list any former officer, di employee on line 1a? <i>If "Yes," complete Sche</i>										3	X
4	For any individual listed on line 1a, is the sum the organization and related organizations greaters.											
	individual										4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest comp compensation from the organization. Report of										n'e tav	voar
	(A) Name and business add		1 1110	ouic	mac	<u> </u>	<u> </u>	IGII	(B) Description of ser		(C) Compens	
2	Total number of independent contractors (included than \$100,000 of compensation from the	•		to th	ose	e lis	ted al	bov	e) who received			

Part VIII	Statement of Revenue
i ait viii	Otatement of Hevenue

		Check if Schedule O contains a res	oonse o	r note to any line	in this Part VIII.			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(0	1a	Federated campaigns	1a					300110113 012 014
ants Ints	b	Membership dues	-					
Gra		Fundraising events	1c					
fts, An	d	Related organizations	1d					
Gi	е	Government grants (contributions)	1e					
ns, Sim	f	All other contributions, gifts, grants, and	b					
utic er (similar amounts not included above.	. 1f	21521.				
rib Oth	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	. 1g	\$				
a C	h	Total. Add lines 1a-1f			21521.			
4.				Business Code				
ice	2a	NON PROFIT REVENUE		541720	33000.	33000.		
erv ue	b							
n S 'en	C							
ran ?ev	d							
Program Service Revenue	e	All other program service revenue						
<u> </u>	q	Total. Add lines 2a–2f		•	33000.			
	3	Investment income (including dividends	intere	st and	33000.			
	•	other similar amounts)			1.	1.		
	4	Income from investment of tax-exempt			-			
	5	Royalties	-					
			Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c						
	d							
	7a		curities	(ii) Other				
		sales of assets						
a		other than inventory						
'n	b	Less: cost or other basis and sales expenses 7b						
Revenue	С	Gain or (loss) 7c						
r R	d	Net gain or (loss)		•				
Othe		Gross income from fundraising						
ō		events (not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising e	ve <u>nts .</u>	🕨				
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Gross sales of inventory, less						
	IVa	returns and allowances	. 10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inve						
S		11 11 11 11 11 11 11 11 11 11 11 11 11	·- , ·	Business Code				
e Ie	11a	BANK REWARDS		900099	26.	26.		
Miscellaneous Revenue	b							
eve	С							
lisc R	d	All other revenue						
2		Total. Add lines 11a–11d			26.			
	12	Total revenue. See instructions			54548.	33027.		

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RASOPATHIES NETWORK USA

following SOP 98-2 (ASC 958-720) .

Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete al	ll columns. All other	organizations mus	t complete column	(A).
	Check if Schedule O contains a response or note	1			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting	2424.		2424.	
d	Lobbying	2424.		2424.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	119.		119.	
13	Office expenses	1008.		1008.	
14	Information technology	1000.		1000.	
15	Royalties				
16 17	Occupancy	427.		427.	
	Travel	427.		427.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10		0.0	0.0		
19 20	Conferences, conventions, and meetings	90.	90.		
21	Payments to affiliates				
22	· ·				
23	Depreciation, depletion, and amortization	1376.		1276	
23 24	Insurance	13/6.		1376.	
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.)			4.1	
a	POSTAGE			41.	
D	LICENSE AND PERMITS	0.505.0		45.	
C	DONATION	25350.		25350.	
d	BANK CHARGES	5.		5.	
	All other expenses	1144.	0.0	1144.	
25	Total functional expenses. Add lines 1 through 24e .	31943.	90.	31939.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Total liabilities and net assets/fund balances

RASOPATHIES NETWORK USA 27-3775851 Page **11**

Part X **Balance Sheet** (A) (B) Beginning of year End of year 34055. 1 58442. 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 34055. 58442. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 2077. 26 Total liabilities. Add lines 17 through 25 26 2077. Net Assets or Fund Balances Organizations that follow FASB ASC 958, check her▶ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 28 Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 30 70. Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds. . . 34055. 33866. 31 32 33936. 34055. 32

34055.

33

Schedule O.

-aum (990 (2020) RASOPATHIES NETWORK USA	27.2	775851	_	40
Part	()	21-3	773631	Paç	ge 12
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		545	548
2	Total expenses (must equal Part IX, column (A), line 25)	2		319	943
3	Revenue less expenses. Subtract line 2 from line 1	3		220	605
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		340	055
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		566	660
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			.]	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain o	n			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

Form **990** (2020)

Χ

3a

Form **8868**

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

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

electronic	c filing of this form, visit www.irs.gov/e-file-pro	oviders/e-fi	le-for-charities-and-non-profits.				
Automa	tic 6-Month Extension of Time. Only sub	omit origin	al (no copies needed).				
All corpor	rations required to file an income tax return ot	her than F	orm 990-T (including 1120-C filers)	, partners	ships,	REMICs, ar	nd
trusts mu	st use Form 7004 to request an extension of						
Type or	e or Name of exempt organization or other filer, see instructions.			identification number (TIN)		er (TIN)	
print	RASOPATHIES NETWORK USA			27-377	5851	-	
File by the							
due date for	K44 1800 DOAD						
return. See	ng your turn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	ALTADENA CA 91001						
Enter the	Return Code for the return that this application	on is for (fil	e a separate application for each re	eturn)			01
Applicat	tion	Return	rn Application				Return
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)				07
Form 99	0-BL	02	Form 1041-A				08
	20 (individual)	03	Form 4720 (other than individual)				09
Form 990-PF		04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870				12
If the oIf thisfor the wl	hone No. ► 626-676-7694 organization does not have an office or place is for a Group Return, enter the organization's nole group, check this box ► ne names and TINs of all members the extensions.	s four digit If it is for p	Group Exemption Number (GEN) part of the group, check this box.	ox	 If thi	▶ ☐ s is attach a
1 re	equest an automatic 6-month extension of tim	e until	11/15 , 20 21 , to f	ile the ex	empt	organization	return
for	the organization named above. The extensio				·		
•	x calendar year 20 20 or						
•	tax year beginning	,;	20, and ending			, 20	
2 If t							
3a If the	his application is for Forms 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the tentative tax, le	ess			
	y nonrefundable credits. See instructions.				3a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year o					3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and 360 and 360 are seen as a second				3c	•		
		drawal (dire	ct debit) with this Form 8868, see Form	n 8453-EC	and F	Form 8879-E	O for
payment ii	nstructions.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

OIMB MO.	1545-004

Department of the Treasury

For calendar year 2020, or fiscal year beginning , 2020, and ending , 20

Do not send to the IRS. Keep for your records.

Internal Revenue Service	► Go to www.irs.gov/Form8879EO t	or the latest informati		
Name of exempt organization or person subject	t to tax		Taxpayer identificati	ion number
RASOPATHIES NETWORK USA			27-3775851	
Name and title of officer or person subject to ta LISA SCHOYER		RESIDENT		
	Return Information (Whole Dolla			
	,			
If you check the box on line 1a, 2a, 3 form was blank, then leave line 1b, 2	h you are using this Form 8879-EO at 3a, 4a, 5a, 6a, or 7a below, and the at 2b, 3b, 4b, 5b, 6b, or 7b, whichever is a pplicable line below. Do not comp	mount on that line for applicable, blank (d	the return being o not enter -0-). E	filed with this
1a Form 990 check here ► X	b Total revenue, if any (Form 990, P	art VIII, column (A), l	ne 12)	1b 54,548
2a Form 990-EZ check here ►	b Total revenue, if any (Form 990)-EZ, line 9)		2b
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL	, line 22)		3b
4a Form 990-PF check here ►	b Tax based on investment inco	me (Form 990-PF, F	art VI, line 5)	4b
5a Form 8868 check here ► X	b Balance due (Form 8868, line 3	3c)		5b
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, li	ne 4)		6b
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, lin			7b
	nature Authorization of Officer			
Under penalties of perjury, I declare that	X I am an officer of the above organiz			with respect to
Agent to initiate an electronic funds withd software for payment of the federal taxes a payment, I must contact the U.S. Treas (settlement) date. I also authorize the fina confidential information necessary to ans	the date of any refund. If applicable, I authorawal (direct debit) entry to the financial incowed on this return, and the financial instituty Financial Agent at 1-888-353-4537 not ancial institutions involved in the processing wer inquiries and resolve issues related to the for the electronic return and, if applicable FINANCIAL SOLUTIO ERO firm name	stitution account indicat itution to debit the entry later than 2 business d g of the electronic payn the payment. I have se	ted in the tax prepar to this account. To ays prior to the pay nent of taxes to rece elected a personal onic funds withdraw	ration revoke ment eive val. as my signature ers, but
a state agency(ies) regulation enter my PIN on the return' As an officer or person subselectronically filed return. If	onically filed return. If I have indicated ing charities as part of the IRS Fed/St is disclosure consent screen. ject to tax with respect to the organized I have indicated within this return that of the IRS Fed/State program, I will e	ate program, I also a ation, I will enter my I t a copy of the return	uthorize the afore PIN as my signatu is being filed with	ementioned ERO to ure on the tax year 202 n a state agency(ies)
regulating charmed as part	or the mer earetate program, r will e	ino my i ni on mo i	, iam o alcolocaro	
Signature of officer or person subject to tax ▶			Date ► 05/14	/2021
Part III Certification and Au				
ERO's EFIN/PIN. Enter your six-digit				
number (EFIN) followed by your five-digit self-selected PIN. 954686012			not enter all zeros	
	is my PIN, which is my signature on to ordance with the requirements of Pub. urns.		ly filed return indi	cated above. I confirm
ERO's signature EXCELLENT FI	NANCIAL SOLUTIONS	Date ▶	05/27/2021	
Do No	ERO Must Retain This Form- t Submit This Form to the IRS U			