

California Exempt Organization Annual Information Return

2020

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Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name RASOPATHIES NETWORK USA		California corporation number 3332984	
Additional information. See instructions.		FEIN 27-3775851	
Street address (suite or room) 244 TAOS ROAD			PMB no.
City ALTADENA		State CA	Zip code 91001
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input checked="" type="checkbox"/></p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input checked="" type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources . . . \$ _____</p> <p>L Is the organization a limited liability company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	33,027	00
	2 Gross dues and assessments from members and affiliates	●	2		00
	3 Gross contributions, gifts, grants, and similar amounts received.	●	3	21,521	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	●	4	54,548	00
	5 Cost of goods sold	●	5		00
	6 Cost or other basis, and sales expenses of assets sold	●	6		00
	7 Total costs. Add line 5 and line 6		7		00
	8 Total gross income. Subtract line 7 from line 4	●	8	54,548	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	●	9	31,943	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	22,605	00
Filing Fee	11 Total payments	●	11		00
	12 Use tax. See General Information K	●	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00
	15 Penalties and Interest. See General Information J	●	15		00
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	●	16		00	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ▶	Title PRESIDENT	Date 05/14/2021	● Telephone 626-676-7694
Paid Preparer's Use Only	Preparer's signature ▶ RAYMOND CHACON	Date 05/14/2021	Check if self-employed ▶ <input checked="" type="checkbox"/>	● PTIN P01717399
	Firm's name (or yours, if self-employed) ▶ EXCELLENT FINANCIAL SOLUTIONS			● Firm's FEIN 90-0900228
	and address 1276 E COLORADO BLVD PASADENA CA 91106-			● Telephone 626-486-2455
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				