

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: RASOPATHIES NETWORK USA
California corporation number: 3332984
FEIN: 27-3775851
Street address: 2365 GLACIER PLACE
City: DAVIS
State: CA
ZIP code: 95616

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Payments. Includes line items for gross sales, total gross receipts, total costs, total gross income, total expenses, and balance due.

Sign Here: Declaration of preparer. Title: PRESIDENT. Date: [blank]. Telephone: (412) 860-6618.
Paid Preparer's Use Only: Preparer's signature: SUZANNE PON. Firm's name: SHINING STAR CONSULTING LLC. Address: 1831 SOLANO AVE UNIT 8058, BERKELEY, CA 94707. Telephone: 510-999-6712.

CACA112L 01/14/25

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	1,801.
<b>Expenses and Disbursements</b>	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,801.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	24,365.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 4	●	17	10,307.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	34,672.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		56,156.	●	43,123.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		56,156.		43,123.
<b>Liabilities and net worth</b>					
14	Accounts payable		72.	●	21.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		56,084.	●	43,102.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		56,156.		43,123.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	7	Income recorded on books this year not included in this return. Attach schedule	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year. Attach schedule	●
3	Excess of capital losses over capital gains	●	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	●	10	Net income per return. Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			
6	Total. Add line 1 through line 5				

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Other Investment Income.....	\$	1,793.
Program Service Revenue.....		8.
	Total	<u>\$ 1,801.</u>

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Donee's Name - Business	University of Pennsylvania	
Donee's Street Address:	TRL Ste 1200 125 South 31st Street	
Donee's City	Philadelphia	
Donee's State	PA	
Donee's Zip code	19104	
Cash and Noncash Amount:		\$ 24,365.
	Total	<u>\$ 24,365.</u>

**Statement 3**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Lisa Schoyer 2365 Glacier Place ,	Secretary 5.00	\$ 0.	\$ 0.	\$ 0.
Beth Stronach 2365 Glacier Place ,	President 5.00	0.	0.	0.
Bruce Deckman 2365 Glacier Place ,	Treasurer 5.00	0.	0.	0.
Lee Johnson 2365 Glacier Place ,	Director 3.00	0.	0.	0.
Cara Borian 2365 Glacier Place ,	Director 3.00	0.	0.	0.

**Statement 3 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kim Connor 2365 Glacier Place ,	Treasurer 5.00	\$ 0.	\$ 0.	\$ 0.
Andrea Cote 2365 Glacier Place ,	Director 3.00	0.	0.	0.
Jenna Gay 2365 Glacier Place ,	Director 3.00	0.	0.	0.
Erin Gibson 2365 Glacier Place ,	Director 3.00	0.	0.	0.
Patrick Rooney 2365 Glacier Place ,	Director 3.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$ 950.
Conferences, Conventions, and Meetings.....	3,000.
Information Technology.....	1,867.
Insurance.....	1,459.
Office Expenses.....	531.
Postage and Shipping.....	300.
Travel.....	2,200.
Total	<u>\$ 10,307.</u>



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

<p><b>RASOPATHIES NETWORK USA</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>2365 GLACIER PLACE</b> Address (Number and Street)</p> <p><b>DAVIS, CA 95616</b> City or Town, State, and ZIP Code</p> <p><b>(412) 860-6618</b>      <b>BSTRONACH@RASOPATHIESNET</b> Telephone Number      Email Address</p>	<p>Check if:</p> <p><input checked="" type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number <u>CT0196244</u></p> <p>Corporation or Organization No. <u>3332984</u></p> <p>Federal Employer ID No. <u>27-3775851</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/24 ending 12/31/24) list:

**Total Revenue \$** (including noncash contributions) 22,578.    **Noncash Contributions \$** 0.    **Total Assets \$** 43,123.

**Program Expenses \$** 28,717.      **Total Expenses \$** 34,672.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

	<b>BETH STRONACH</b>	<b>PRESIDENT</b>	
Signature of Authorized Agent	Printed Name	Title	Date