

CA AG RRF-1 Filing Package

Name: RX Balance

EIN: 27-3995725

CA Corp # 3339409

CA AG# CT0291507

Filing Year – YR2021

Enclosed:

- 1) RRF-1**
- 2) CT-TR-1**
- 3) Other Expense Detail**

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

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**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.

(For Registry Use Only)

<p>RXBALANCE Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 1156 EBENER STREET</p> <hr/> <p>Address (Number and Street) REDWOOD CITY CA 94061</p> <hr/> <p>City or Town, State, and ZIP Code 650-814-6024</p> <hr/> <p>Telephone Number LYDIA@RXBALANCE.ORG</p> <hr/> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number CT0291507</p> <hr/> <p>Corporation or Organization No. 3339409</p> <hr/> <p>Federal Employer ID No. 27-3995725</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 01/01/21 ending 12/31/21) list:

Total Revenue \$ (including noncash contributions) 27,381 **Noncash Contributions \$** 0 **Total Assets \$** 13,084

Program Expenses \$ 19,671 **Total Expenses \$** 19,841

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

<u>LYDIA GREEN</u>	<u>EXECUTIVE DIRECTOR</u>		
Signature of Authorized Agent	Printed Name	Title	Date

**ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>RXBALANCE</p> <p>Name of Organization _____</p> <p>1156 EBENER STREET</p> <p>Address (Number and Street) _____</p> <p>REDWOOD CITY CA 94061</p> <p>City or Town, State and ZIP Code _____</p>	<p>State Charity Registration Number CT0291507</p> <hr/> <p>Corporation or Organization No. 3339409</p> <hr/> <p>Federal Employer I.D. No. 27-3995725</p>
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For annual accounting period (beginning 01/01/21 ending 12/31/21)

BALANCE SHEET

ASSETS

Cash	\$	13,084
Savings	\$	0
Investment	\$	0
Land/Buildings	\$	0
Other Assets	\$	0
TOTAL ASSETS		\$ 13,084

LIABILITIES

Accounts Payable	\$	0
Salary Payable	\$	0
Other Liabilities	\$	0
TOTAL LIABILITIES		\$ 0

FUND BALANCE

Total Assets less Total Liabilities	\$	13,084
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REVENUE STATEMENT

REVENUE

Cash Contributions	\$	27,381
Noncash Contributions	\$	0
Program Revenue	\$	0
Investments	\$	0
Special Events	\$	0
Other Revenue	\$	0
TOTAL REVENUE		\$ 27,381

EXPENSES

Compensation of Officers/Directors	\$	0
Compensation of Staff	\$	0
Fundraising Expenses	\$	0
Rent	\$	0
Utilities	\$	0
Supplies/Postage	\$	6,563
Insurance	\$	0
Other Expenses	\$	13,278
TOTAL EXPENSES		\$ 19,841

NET REVENUE

Total Revenue less Total Expenses	\$	7,540
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I hereby 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.

	LYDIA GREEN	EXECUTIVE DIRECTOR	
Signature of Authorized Agent	Printed Name	Title	Date

California Statements	
Statement 1 - Form CT-TR-1 - Other Expenses	
FYE: 12/31/2021	
Agency:	RX Balance
Corp #	3339409
EIN	27-3995725
State Charity	CT0291507
YEAR	2021
<i>Expenditures</i>	
Conferences + Meetings	2,433
Professional Fees	8,428
Internet + Web Expense	1,070
Travel Expense	1,177
Bank + Govt Fees	120
Insurance	50
<i>Total Expenditures</i>	13,278