STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

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 301-306, 309, 311, and 312

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.

DEPARTMENT	T OF JUSTICE	STATE OF THE PARTY OF
	PAGE 1 of 5	likerty and passive andre law
For Registry	Use Only)	

Information Trust Exchange Governing Association Name of Organization		Check if:					
ITEGA		Change of address					
List all DBAs and names the organization uses or has used		☐ Amended report					
PO Box 367 75 Water Street							
Address (Number and Street)		State Charity Registration Number CT0258886					
Williamstown MA 01267							
City or Town, State, and ZIP Code		Corporation or Organization No. C3988420					
413-458-8001 wpdensmore@itega.org							
Telephone Number E-mail Address		Federal Emp	oloyer ID No. <u>81-5393558</u>				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
Total Revenue	Fee Total Revenue Fe		Fee	Total Revenue		Fee	
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	\$100 \$200 \$400	Between \$100,000,001 and \$500 million		\$800 \$1,000 \$1,200	
PART A - ACTIVITIES						4.,	
For your most recent full accounting period (beginning 01 / 01 / 2021 ending 12 / 31 / 2021) list:							
Total Revenue \$	3,075.00						
(including noncash contributions)	3,073.00	Noncash Contributions \$	0.00	Total Assets \$ 933.	00		
Program Expenses \$33,497.00 Total Expenses \$36,572.00							
		ZATION DURING THE PERIOD OF THIS					
Note: All questions must be a	inswered. If yo	ou answer "yes" to any of the question	s below, you	must attach a separate page			
		for each "yes" response. Please revie			Yes	No	
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?						1	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						✓	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						✓	
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						1	
5. During this reporting period, did the organization receive any governmental funding?						1	
6. During this reporting period, did the organization hold a raffle for charitable purposes?						1	
7. Does the organization conduct a vehicle donation program?						1	
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						1	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						1	
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.							
Signature of Authorized A	Vacant V	William P. Densmore Jr.		President & Secretary		5-2022	
orginature of Authorized F	ngerit.	Printed Name		Title	Dr	ate	