



MAIL TO:  
Office of the Attorney General  
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](http://www.oag.ca.gov/charities)

**INITIAL  
REGISTRATION FORM  
STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
REGISTRY OF CHARITABLE TRUSTS**  
(Government Code Sections 12580-12599.7)

RECEIVED  
Attorney General's Office

NOV 17 2020

Registry of Charitable Trusts  
(For Registry Use Only)

**Part A - Identification of Organization**

Name of Organization: Positive Movement Foundation

Mailing Address: 1804 Garnet Ave Ste 545

Telephone number: (949) 232-9000

City: San Diego

E-mail address: [omid@fivegrp.com](mailto:omid@fivegrp.com)

State: CA

Fax number:

ZIP Code: 92109

Website:

Federal Employer Identification Number (FEIN):  
85-3224057

Corporation or Organization Number:  
4634129

**Part B - Registration Fee**

A \$25 REGISTRATION FEE must accompany this registration form. Make check payable to DEPARTMENT OF JUSTICE.

**Part C - List of Trustees or Directors and Officers**

Names and addresses of ALL trustees or directors and officers (attach a list if necessary):

Name: Omid Sabet

Position: Chief Executive Officer

Address: 1804 Garnet Ave Ste 545

City: San Diego

State: CA

ZIP Code: 92109

Name:

Position:

Address:

City:

State:

ZIP Code:

Name:

Position:

Address:

City:

State:

ZIP Code:

Name:

Position:

Address:

City:

State:

ZIP Code:

**Part D - Organization Activities**

Describe the primary activity of the organization (a copy of the material submitted with the application for federal or state tax exemption will normally provide this information). If the organization is based outside California, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property, and other assets held or expected to be held in California. Attach additional sheets if necessary.

Helping disadvantaged children.

728339



### Part E - Assets and Accounting Period

If assets (funds, property, etc.) have been received, enter the date first received.

**Registration with the Attorney General is required within thirty days of receipt of assets.**

Date assets first received in/from California:

What annual accounting period has the organization adopted? Fiscal Year Ending (Month/Day): 12/31/2020

### Part F - Founding Documents

Attach the organization's founding documents as follows:

- A) **Corporations** - a copy of the endorsed / certified articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California.
- B) **Associations** - a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association / organization).
- C) **Trusts** - a copy of the trust instrument or will and decree of final distribution.
- D) **Trustees for charitable purposes** - a statement describing operations and charitable purpose.

### Part G - Federal Tax Exempt Status

Has the organization applied for or been granted IRS tax-exempt status? ☒ Yes ☐ No

Date of application for Federal tax exemption: 9/29/2020

Date of exemption letter: Pending

Exempt under Internal Revenue Code section 501(c) ( )

If known, are contributions to the organization tax-deductible? ☐ Yes ☐ No

Attach a copy of the Application for Recognition of Exemption (IRS Form 1023 or 1024) and the determination letter issued by the IRS.

### Part H - Fundraising Professionals

Does the organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer (as defined in Government Code sections 12599-12599.2)? If yes, provide the name(s), address(es), telephone number(s), and registration number(s) assigned by the Registry of Charitable Trusts of the provider(s). Attach additional sheets if necessary.

☐ Commercial Fundraiser ( # ) ☐ Fundraising Counsel ( # ) ☐ Commercial Coventurer ( # )

Name: Telephone Number:

Address: City: State: ZIP Code:

☐ Commercial Fundraiser ( # ) ☐ Fundraising Counsel ( # ) ☐ Commercial Coventurer ( # )

Name: Telephone Number:

Address: City: State: ZIP Code:

☐ Commercial Fundraiser ( # ) ☐ Fundraising Counsel ( # ) ☐ Commercial Coventurer ( # )

Name: Telephone Number:

Address: City: State: ZIP Code:



**Part I - Please respond to the following list of questions and provide supplemental information if applicable.**

1. List all DBAs and names of the organization uses or has used.

2. List all states in which you solicit charitable donations or have registered to do so, or in which you are exempt from registration but operate.

California

3. Is the organization under common control, does it have a close connection with, or is it related to, any other nonprofit or for-profit organization or trust? If yes, identify by name, address, and telephone.

No

4. Has the organization's IRS tax-exempt status ever been denied, revoked, or modified? If yes, please explain circumstances on a separate sheet.

No

5. Has the organization's tax-exempt status ever been suspended or revoked by the Franchise Tax Board? If yes, please explain circumstances on a separate sheet.

No

6. Has the organization's corporation status ever been suspended or revoked by the Secretary of State? If yes, please explain circumstances on a separate sheet.

No

7. Are any officers, directors, trustees, or employees related by blood, marriage or adoption? If yes, identify by name, title and relationship.

No

8. Has the organization or any of its officers, directors, or trustees been the subject of a court or administrative proceeding in any state regarding any solicitation or registration? If yes, please explain on a separate sheet.

No

9. Have any of the organization's officers, directors, or trustees been convicted of any crime involving the misuse or misappropriation of funds, or any crime involving deception in the operation of a charity? If yes, identify by name and title.

No

**Please note that the Form CT-1 is a public document which will be posted on the Registry's website. If you wish to maintain the confidentiality of any attachment to the Form CT-1, you must request that the attachment not be maintained in the Public File.**

**Part J - Signature**

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete, and I am authorized to sign.

Signature

Title CEO

Date

11/13/20

The organization will be required to file financial reports annually on Form RRF-1 (Annual Registration/Renewal Fee Report) no later than four months and fifteen days after the end of the organization's accounting period. Organizations with \$50,000 or more in total revenue are also required to file the applicable IRS Form 990, with all attachments and schedules, as filed with the IRS. Organizations with less than \$50,000 in total revenue are generally required to file Form CT-TR-1. All Registry forms can be found on the Attorney General's website at [www.oag.ca.gov/charities](http://www.oag.ca.gov/charities).

For additional information, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.8) and the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300-312.1), and other resources available on the Attorney General's website at [www.oag.ca.gov/charities](http://www.oag.ca.gov/charities).

Additional information is available on the Attorney General's website at [www.oag.ca.gov/charities](http://www.oag.ca.gov/charities). You may also call the Attorney General's Registry of Charitable Trusts at (916) 210-6400 or fax at (916) 444-3661 or contact the Registry via email at [Registration@doj.ca.gov](mailto:Registration@doj.ca.gov).



**Secretary of State**  
**Articles of Incorporation of a**  
**Nonprofit Public Benefit Corporation**

**ARTS-PB-**  
**501(c)(3)**

**FILED** *imc*  
**Secretary of State**  
**State of California**

**AUG 21 2020**

**IMPORTANT — Read Instructions before completing this form.**

**Filing Fee — \$30.00**

**Copy Fees —** First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00

**Note:** A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <https://www.ftb.ca.gov>.

**This Space For Office Use Only**

**1. Corporate Name** (Go to [www.sos.ca.gov/business/be/name-availability](http://www.sos.ca.gov/business/be/name-availability) for general corporate name requirements and restrictions.)

The name of the corporation is Positive Movement Foundation

**2. Business Addresses** (Enter the **complete** business addresses. Item 2a cannot be a P.O. Box or "in care of" an individual or entity.)

|                                                                                                   |                                      |             |                   |
|---------------------------------------------------------------------------------------------------|--------------------------------------|-------------|-------------------|
| a. Initial Street Address of Corporation - <b>Do not enter a P.O. Box</b><br>925 B Street Ste 304 | City (no abbreviations)<br>San Diego | State<br>CA | Zip Code<br>92101 |
| b. Initial Mailing Address of Corporation, if different than item 2a<br>925 B Street Ste 304      | City (no abbreviations)<br>San Diego | State<br>CA | Zip Code<br>92101 |

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL —** Complete Items 3a and 3b only. Must include agent's full name and California street address.

|                                                                                                                   |                                      |                    |                   |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|-------------------|
| a. California Agent's First Name (if agent is <b>not</b> a corporation)<br>Omid                                   | Middle Name                          | Last Name<br>Sabet | Suffix            |
| b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b><br>925 B Street Ste 304 | City (no abbreviations)<br>San Diego | State<br>CA        | Zip Code<br>92101 |

**CORPORATION —** Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — **Do not complete Item 3a or 3b**

**4. Purpose Statement** **Item 4a:** One or both boxes must be checked.  
**Item 4b:** If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you must enter the specific purpose in Item 4b.)

- a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: ☒ public purposes. ☒ charitable purposes.
- b. The specific purpose of this corporation is to help disadvantaged children.

**5. Additional Statements** (See Instructions and Filing Tips.)

- a. This corporation is organized and operated exclusively for the purposes set forth in **Article 4** hereof within the meaning of Internal Revenue Code section 501(c)(3).
- b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
- c. The property of this corporation is irrevocably dedicated to the purposes in **Article 4** hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.
- d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **charitable, educational and/or religious** purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).

**6. Read and Sign Below** (This form must be signed by each incorporator. **See Instructions.** Do not include a title.)

Signature

Aaron Hungerford  
 Type or Print Name