



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.

(For Registry Use Only)

South Bay Tamil Sangam Name of Organization <hr/> South Bay Tamil Kalvi List all DBAs and names the organization uses or has used <hr/> 21213-B Hawthorne Blvd, #5637 Address (Number and Street) <hr/> Torrance CA 90503 City or Town, State, and ZIP Code <hr/> 310-213-7342 Telephone Number <hr/> southbay.tamilsangam@gmail.co E-mail Address	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report State Charity Registration Number <u>CT0242765</u> Corporation or Organization No. <u>3901828</u> Federal Employer ID No. <u>812606394</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 1 / 1 / 2019 ending 12 / 31 / 2019) list:

Gross Annual Revenue \$ <u>35,691.00</u>	Noncash Contributions \$ <u>0.00</u>	Total Assets \$ <u>23,577.00</u>
Program Expenses \$ <u>35,911.00</u>	Total Expenses \$ <u>38,039.00</u>	

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 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 checked="" type="checkbox"/>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<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 checked="" type="checkbox"/>
5. During this reporting period, did the organization receive any governmental funding?		<input checked="" type="checkbox"/>
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<input checked="" type="checkbox"/>
7. Does the organization conduct a vehicle donation program?		<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 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 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.

_____ Signature of Authorized Agent	Rengarajan Muthusamy Printed Name	Secretary Title	_____ Date
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